

Membership Renewal Form – NTWC

Licence No: MWL000100242

Free Call Ph. 1800 008 290



NB: Text Boxes should expand when you type and Check Boxes will be crossed when clicked on. Once completed, please save as a pdf to your desktop and email to ntwcsecretary@gmail.com

I _____ (Full Name) hereby apply to renew my membership of Northern Tablelands Wildlife Carers Inc.. I agree to be bound by the policies and abide by the code of ethics of the Association.

Signed: _____

Date: _____

If any of your contact details have changed, please fill in new information below so that we can update our membership database.

Actual Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

E-mail Address: _____

Telephone: _____

Mobile: _____

Please select Membership Type below:

AUTHORISED MEMBER _____ (Trained animal carers only)	SUPPORT MEMBER _____
Preferred species: Birds ____ Reptiles ____ Marsupials __ Macropods __ Other _____	I am available to help with Fundraising Publicity Other _____

Membership payment is due each year on July 1. Donations over \$2 are tax deductible.

I am applying for:

1. Family membership: \$30 ____
2. Single membership: \$25 ____

I would include a donation of \$ _____

TOTAL \$ _____

PAYMENT OPTIONS

When paying by Direct Deposit make sure you reference your name and membership.

<p>Cheque or money order payment -post to:</p> <p>NTWC P.O. Box 550 ARMIDALE N.S.W. 2350</p>	<p>Direct Deposit:</p> <p>Northern Tablelands Wildlife Carers General Account BSB 932 000 Account No 690583 Reference: Your name + Membership</p> <p>If you bank with, and transfer from, New England Mutual please put S3 after the account number.</p>
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Please note: Annual membership cards will only be posted once membership is paid.

Postal Address:
P.O. BOX 550
ARMIDALE N.S.W. 2350

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Please update your training information below:

NB: Authorised Membership requires completion of approved training at least every two years

Please list all training courses you have completed and the dates when completed.

Have you been inoculated against Lyssavirus Yes ____ No ____

Course Title	Training Body	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please email scanned copies of any recent wildlife training certificates and licences to secretary@ntwc.org.au or post to the address below.

Please note: The Management Committee has the right to refuse Membership to any Applicant (or refuse to renew any Membership).

Postal Address:
P.O. BOX 550
ARMIDALE N.S.W. 2350