

# New Membership Application – 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 upon. Once completed, please save as a pdf and email to [ntwcsecretary@gmail.com](mailto:ntwcsecretary@gmail.com)**

I \_\_\_\_\_ (Full Name) hereby apply to become a member of Northern Tablelands Wildlife Carers Inc.

I, \_\_\_\_\_, agree to be bound by the policies and abide by the code of ethics of the Association. I understand that application for membership must be supported by two members and confirmed by a unanimous resolution of a general meeting of the Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Actual Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please select Membership Type below:

AUTHORISED MEMBER ____ (Trained animal carer)	SUPPORT MEMBER ____
Preferred species: Birds ____; Reptiles ____; Marsupials ____; Macropods ____; Other ____	I am available to help with Fundraising; ____ Publicity ____; Other ____
I am applying for: Application Fee (one off) \$1 ____ Family membership: \$30 ____ Single membership: \$25 ____ I include a donation of \$ ____ TOTAL \$ ____	NTWC Banking Details: Direct Deposit: Northern Tablelands Wildlife Carers BSB 932 000 Account No 690583 Please include a Reference: Your name + Single or Family Membership

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

What previous training and/or experience do you have you?

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

Are you currently an authorised carer of another group? Yes \_\_\_ No \_\_\_

Have you ever been an authorised carer of another group? Yes \_\_\_ No \_\_\_

If yes, please specify group

Have you been inoculated against Lyssavirus Yes \_\_\_ No \_\_\_

Email scanned copies of any recent wildlife training certificates to [secretary@ntwc.org.au](mailto:secretary@ntwc.org.au)

Please note: The Management Committee has the right to refuse Membership to any Applicant (or refuse to renew any Membership). In no case shall the Committee be required to give any reason for such a rejection.

## Office Use Only

Approved by committee on \_\_\_\_\_ Signed by chairperson \_\_\_\_\_

Receipt number \_\_\_\_\_ Member ID \_\_\_\_\_

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

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## Training and experience

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 explain here why you want to become a wildlife carer and what your experiences are in caring for animals. (This box will expand when you type).

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

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