

# TWEED VALLEY WILDLIFE CARERS INC

Established since 1989



PO Box 898  
Murwillumbah NSW 2484

☎ 02 6672 4789  
✉ email: [wildlife@tvwc.org](mailto:wildlife@tvwc.org)  
🌐 website: <http://www.tvwc.org>

Rescue, Rehabilitate, Release

## Membership Application

Please complete **both** sides of form and post with fees to the above mailing address

I, .....  
(Full name)  
of .....  
(Full residential address)  
.....  
(Postal address, if different to above)  
Phone: (Home) ..... (Work) ..... (Mobile) .....  
Email address: .....

apply for membership of Tweed Valley Wildlife Carers Inc, at \$22 per annum<sup>1</sup> per member.

Should this application be accepted, I agree to the following:

- ◆ To support the aims of the Association and to abide by its constitution, policies and procedures.
- ◆ To observe the conditions of General Licence No GL10051 issued to the Association by the National Parks and Wildlife Service of NSW which governs the activities of the Association regarding the care, treatment, management, rehabilitation and release of native fauna registered with the Association. (A copy of the Licence and Constitution are available, if required, from the Secretary of the Association.)
- ◆ That all activities I undertake as a member of the Association are completely voluntary and at my own risk.
- ◆ To attend Orientation training and other necessary training courses as required in Licence GL10051 before I undertake responsibility for the rescue and care of native fauna.
- ◆ To allow my animal holding facilities to be inspected to determine whether they are suitable for wildlife care and/or rescue, and the species for which they are appropriate.
- ◆ To provide regular information regarding the care, condition, rehabilitation and release of native fauna for which I accept responsibility.
- ◆ That any native fauna taken into my care is registered with the Association in accordance with its procedures and that I shall not pass any native fauna into the care of another person who is not in possession of appropriate authority.
- ◆ That I am 18 years of age or over.

Attached is:	Membership Fee of \$22.00 (incl \$2 GST)	\$
	Donation	\$
	Total	\$

Signature ..... Date .....

Nominated by ..... (a current financial member of TVWC Inc)  
**(PTO)**

### Office use only

Membership fee payment details: .....	Banked: .....
Membership application presented at meeting held on .....	
Applicant notified of decision of acceptance/decline of application. ....	Date: .....
Membership Records updated: .....	Notified Coordinator: .....

<sup>1</sup> Membership on joining is until the end of the current financial year if joining prior to 31 March, or to the end of the following financial year if joining after 31 March.

# Prospective Member Information

Indicate the category of availability and willingness to be involved applicable to you. *(tick one of the following)*

- 1. Care of wildlife, including intensive and prolonged care; rescue, transport to release sites, other members/vets.
- 2. Rescue and transport to other members, vets or release sites; some non-intensive care.
- 3. Care of wildlife, only – no rescue/transport.
- 4. Rescue/transport of wildlife only – no care.
- 5. Rescue infrequently, as in cases of mass rescue, eg. when a storm hits a rookery site or other members cannot be located for rescue.
- 6. Social membership – receiving newsletter only. *(Complete next question only)*

Which of the following are you able and interested in assisting with? *(tick all applicable)*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Administration                                   | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Phone roster (eg 1 day per week/fortnight/month) | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Other .....                                      |                                      |

*The following questions will simply provide us with a starting point about your interests, ability to be immediately involved, etc. Your membership is not contingent upon them.*

For which fauna are you interested in providing care, after completing appropriate courses? *(tick all applicable):*

- |   |   |
|---|---|
| <input type="checkbox"/> Bird of Prey                           | <input type="checkbox"/> Reptiles and Amphibians      |
| <input type="checkbox"/> Sea Birds (excluding Bird of Prey)     | <input type="checkbox"/> Wallabies/Kangaroos          |
| <input type="checkbox"/> Other Birds                            | <input type="checkbox"/> Possums and other Marsupials |
| <input type="checkbox"/> Bats (requires course of vaccinations) | <input type="checkbox"/> Other .....                  |

Do you have secure, soundly-fenced enclosures, yards or aviaries? **Yes / No** If yes, please specify.

.....  
.....  
.....

Do you have any cages? **Yes / No** If yes, please specify size and type.

.....  
.....  
.....

If necessary, are you able to improve facilities to manage housing for specific species? **Yes / No**  
If yes, please state what you are willing to do, eg fence off areas, procure cages, aviaries etc.

.....  
.....

Do you have any experience rehabilitating native animals? **Yes / No** If yes, please specify.

.....  
.....  
.....

What is your current work commitment? *(tick one)*

- |                                    |                                    |   |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Not employed / Home duties |
|------------------------------------|------------------------------------|---|

Which of the following domestic animals do you have? *(tick all applicable)*

- |                               |                               |                                       |
|-------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Others ..... |
|-------------------------------|-------------------------------|---------------------------------------|

If you have domestic animals, are you able to keep the native animals in care away from your pets? **Yes / No**