APPLICATION FOR MEMBERSHIP 20**24-25**

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Information (Update if changed) | | | |
| First name: | Surname: | | |
| Address: | | | |
| City/Suburb: | | State: | Postcode: |
| Postal address (if different to above): | | | |
| Home phone: | Mobile: | | |
| Work phone: | Occupation: | | |
| Email: | | | |

|  |  |  |
| --- | --- | --- |
| Wildlife Experience | | |
| Have you previously belonged to any other wildlife organisations? If YES, which organisation and for how long? | Yes / No |  |
| Do you currently belong to any other wildlife organisations? | Yes/No |  |
| Did you hold any committee positions? If YES, please state which position(s) and for what duration? | Yes/No |  |
| Have you attended a training course in the last three years? If YES, type and date of Course (if known) | Yes/No |  |

Privacy

 As a member, your personal details will be included on the NARG Membership List, which must be made available to Office of Environment and Heritage as a condition of our license.

 The Members Contact List is provided for the sole use of NARG members for the rescue, rehabilitation and release of sick, injured and orphaned Native Australian Wildlife. Unauthorised distribution, use and/or disclosure of this information is prohibited.

Members may elect to have any of the following exclusions applied.

Do not include any of my details on the Members' Contact List.

OR do not include the following (select any that apply)

Do not include address details Do not include email Do not include Phone numbers

|  |  |  |  |
| --- | --- | --- | --- |
| Training History | | | |
| Species | Trained to rescue | Trained to rehabilitate | Training organisation and Date completed |
| Macropods |  |  |  |
| Wombats |  |  |  |
| Possums |  |  |  |
| Gliders |  |  |  |
| Birds |  |  |  |
| Lizards |  |  |  |
| Land Turtles |  |  |  |
| Frogs |  |  |  |
| Raptors |  |  |  |
| Koalas |  |  |  |
| Bats/flying foxes\*\* |  |  |  |
| Venomous reptiles |  |  |  |
| Snakes |  |  |  |
| \*\* Have you been fully vaccinated for Lyssavirus? If so, what is your current titre level? | | | |

|  |  |
| --- | --- |
| Membership Fees **and Authority** | |
| Member – a friend, supporter or rescuer/carer, entitled to vote at General Meetings | $30 |
| I wish to have authority-to-care to rehabilitate specific species under the NARG Licence   (Pending approval) |  |

I wish to renew my membership of the Native Animal Rescue Group (NARG). I agree to abide by the rules, code of conduct, aims and philosophies of NARG. I also accept that membership of NARG is dependent on payment of an annual membership fee.

Declaration

 I declare that the information provided in this application is true and correct. I agree to be bound by the

Constitution, rules and policies of NARG while I am a member.

 I agree to abide by all rules, regulations, codes of practice and policies of any governing authorities and will not behave contrary to the rules of NARG’s licence

 I am aware I will be in close proximity to native animals during training, rescue, euthanasia, rehabilitation or release. I acknowledge that native animals (including reptiles and birds), can be unpredictable and accidents can occur. Organisers / trainers / NARG or its members are not liable for any accidents or injuries.

 I will take measures to ensure the safety of myself and others during training, rescues, rehabilitation, and release of native animals. I will follow instructions and adopt safe practices when handling animals. I will not behave in a manner that places anyone in danger.

Signature: Date:

NB: If you submit your application electronically without a signature you are deemed to have agreed to the above conditions.

Lodgement and Payment Instructions

(No need to return this page with your application)

|  |  |  |
| --- | --- | --- |
| Select Payment Option | | |
|  Direct Deposit  • BSB: 633 000  • Account: 155597834  • Account Name: Native Animal Rescue Group  • Reference: Membership <Your name> | | Let us know to expect the payment. Email to [membership@narg.asn.au](mailto:membership@narg.asn.au)  or  Phone the Treasurer on 0438 434 877  And provide the following information:  • Your name  • Your address & phone number  • This is a membership payment  • When and how the payment was/will be made  • Any other relevant details |
|  PayPal  • Australian dollars only  • Please add $2 to cover PayPal fees  • Pay to: [babywombats@gmail.com](mailto:babywombats@gmail.com)  • Go to PayPal | |
|  Cheque  Cheques payable to: Native Animal Rescue Group Include your: Name, Address and phone number and reference: NARG Membership  Mail to: The Treasurer  Native Animal Rescue Group  PO. Box 2191  Tomerong NSW 2540 | | |
| Application Lodgement | | |
|  Mail | Print, complete and sign the application form  Mail to: The Secretary  Native Animal Rescue Group  PO Box 24  Majors Creek NSW 2622 | |
|  Electronically | Please send your completed application to NARG at: [president@narg.asn.au](mailto:president@narg.asn.au) | |