



Donations of \$2 or more are tax deductible
P.O. BOX 474, MISSION BEACH, 4852.
PH: 0439687272
Website: www.missionbeachwildcare.org

MEMBERSHIP APPLICATION

Thank you for your application to Mission Beach Wildcare Inc. Membership provides invaluable support in helping our native fauna in need of care and ensures the group can continue the vital task of Wildlife rehabilitation. We wish to advise you that we do not hold any public liability insurance.

Membership is from 1st January to 31st December for a 12 month period
Family - \$30.00 Single - \$20.00

MEMBERSHIP DETAILS

- Financial member only Active Wildlife Carer Look After the Phone
- I can't be a carer, but I can provide transport for wildlife to a carer or the vet

NAME _____

ADDRESS _____

_____ P/Code _____

POSTAL ADDRESS _____

PHONE (h) _____ (w) _____ (m) _____

E-mail address (for newsletters & updates) _____

Nominated by current Mission Beach Wildcare financial member

NAME _____ SIGNATURE _____

Seconded by current Mission Beach Wildcare financial member

NAME _____ SIGNATURE _____

You may pay your membership fees by cash or cheque made payable to Mission Beach Wildcare at the above address OR by direct deposit to:
BSB : 633-000 Account Number: 134896778

Are you aware that it can be quite costly to buy formulas and build housing for native wildlife? Yes No

Will this be a problem? Yes No

If you were to become a carer; Would you be available to pick up animals that have been injured ?

Yes No

Would you be able to man the Wildcare phone if needed? Yes No

(This does not require you to rescue or receive each animal, rather to co-ordinate a response).

Do you have any previous experience with wildlife caring? Yes No

If yes, where and what kind of animals and in what stage; eg. Pinkies, furred animals, pre-release only, fledglings, etc. A list on back page may help with this question.....

.....
.....

Do you own any cages, aquariums.. Etc..? Yes No

If yes, please list.....

.....
.....

TRAINING

Please list any training you have undertaken.....

.....
.....

Would you support training and workshops if they were made available through Wildcare?.

.....
.....

Any suggestions for training/workshops that you would like to participate in?

.....
.....

Signature.....

Thank you again for answering these questions.

Name of Carer.....

SPECIES & EXPERIENCE Please indicate level of experience as follows-

E-Experienced, I-intermediate or B-beginner-support is available to all carers, particularly those just starting out. Please include any other relevant information, and indicate only the species that you are available to care for.

Birds

Songbirds

Parrots

Waders

Pigeons / Doves

Carnivorous

Sea Birds

Raptors (own permit required)

Mammals (Marsupials)

Macropods (Furred joeys)

Macropods (Pinkies)

Macropods (Pre & soft release)

Possums and Gliders

Bandicoots

Mammals (Placental) *Lyssa Virus Vaccinated* Yes No

Flying Foxes

Micro Bats

Mammals (Monotremes)

Echidnas

Platypus (permit required)

Reptiles & Amphibians

Turtles

Lizards

Monitors

Snakes (Damage Mitigation Permit required)

Frogs

Signature.....