$10 Membership Fee Annually (Jan-Dec)

Applications received after 1st October each year will expire December of the following year

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| Personal Details | | | | | |
| Name: |  | | | | |
| Date of Birth: |  | | | | |
| Residential Address: |  | | | Postcode: | |
| Postal Address:  (If different) |  | | | Postcode: | |
| Preferred Contact Method:  Mob  Email  Home  Ph.  Facebook  Other please list: | |
| Home Number: |  | | |
| Mob Number: |  | | |
| Email: |  | | |
| Availability: | 9-5 Mon-Fri  After Hrs (Night)  After Hrs (Morning)  Weekends  Any Time  Specific Hrs not available: | | | | |
|  | | | | | |
| How did you hear about MWCEC? | | Friend  Facebook | Field Day  Website | | MWCEC Event  Other: |
| |  |  | | --- | --- | | As a member, I would be interested in: *(tick relevant squares)* | | | Information Only | Writing grant applications | | Hands On Wildlife Caring (refer to note below) | Running kids programs | | Volunteering at fundraising activities | Organising fundraising events | | Attending information days, field days | Helping with research projects | | Giving talks about wildlife to schools students and at other events | Other, please list: | | | | | | |

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| Do you hold a current Rehabilitation Permit from EHP/another wildlife care group? | |
| YES | NO |
| If Yes, Permit No and name of group (if applicable): | |
| Species Listed on the permit: | |
| Have you ever been denied a Rehabilitation permit, Recreational permit or had a permit revoked or cancelled by EHP (or other State equivalent) or another carer organisation?  YES NO If yes please provide details: | |

**Note:** If you wish to become a hands on wildlife carer under MWCEC Rehabilitation Permit you will need to complete a permit endorsement application form and satisfy all requirements set down by MWCEC. Applications are assessed on completed training, previous experience and knowledge, access to resources and facilities.

You are still eligible to become a MWCEC member if you currently hold your own Rehabilitation Permit or a Permit endorsement through another wildlife group.

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| **Comments:** |
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| As a volunteer with Maranoa Wildlife Caring and Education Centre (MWCEC), I: (Insert Applicant Name).   * Understand the MWCEC controls access to personal information in order to protect the privacy rights of our volunteers. My personal details may be released to other relevant organisations such as the Department of Environment and Heritage (EHP) or Veterinary surgeons. * Agree to adhere to and abide by: * The MWCEC core values, guidelines and Rehabilitation Permit for wildlife caring. * Rules set out in the following legislation: *Queensland Nature Conservation Act 1992*; *Code of Practice – Care and rehabilitation of orphaned, sick or injured protected animals by wildlife care volunteers (Nature Conservation Act 1992)*; *Animal care and Protection Act (2001)* * Understand that the MWCEC accepts no liability for any personal injury, property damage or financial cost arising from any volunteer work undertaken for or on behalf of the group. * Acknowledge and understand that as a volunteer of MWCEC, I am not covered by workers’ compensation or any other insurance policy through MWCEC. * I fully understand that as part of my volunteer work for MWCEC, I may come into contact with animals either by directly handling them, housing them, or through assisting with their care. * I release MWCEC and BOOBOOK (founders of MWCEC) and their Directors from any loss, damage, injury or expense that I, my family and/or guests may suffer as a result of my becoming a Volunteer Wildlife Carer. | | |
| Name: |  |
| Signature: |  |
| Date: |  |

**Please return your completed form to:**

**In person:** 15 Quintin St, Roma

**By post:** PO Box 924, Roma, QLD, 4455

**Email:** maranoawildlifecec@gmail.com

**OR**

If Participant is under the age of 18

Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Payment Options (*Please Tick Option Chosen*) | | |
| In Person |  | Pay in cash at the BOOBOOK Office – 15 Quintin Street, Roma |
| By Cheque |  | Post with Membership Application |
| Direct Deposit |  | Bank Account Details  Name: MARANOA WILDLIFE CARING & EDUCATION CENTRE PTY LTD  Account Number: 71-925-3981  BSB: 084-907  Please include your name as a reference |

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| **Office Use Only** | | | |
| **Payment** | Received By: | Date Received: | Receipt No: |
| **Membership** | Processed By: | | Date Processed: |
| Member No. | | Expiry: |
| **Permit Endorsement** | Application received:  Y  N Date Received: | |  |
| Approved  Permit ID: Declined | | Date: |
| **Comments:** | | | |