



FAWNA (NSW) Inc

Application for Membership

1. Surname	First Name	<input type="text"/>
2. Surname	First Name	<input type="text"/>
3. Surname	First Name	<input type="text"/>
4. Surname	First Name	<input type="text"/>
5. Surname	First Name	<input type="text"/>

Your address

.....Postcode

Postal address (if different)

.....Postcode

Telephone Mobile No Fax

email

My address and telephone details may be used for internal FAWNA rescue and care purposes yes no

PLEASE INDICATE AREAS WHERE YOU MAY LIKE TO ASSIST

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rescue* | <input type="checkbox"/> Pick up and deliver | <input type="checkbox"/> Foster care* | <input type="checkbox"/> Phone Duty |
| <input type="checkbox"/> Education | <input type="checkbox"/> Publicity | <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Build/repair equipment | <input type="checkbox"/> Computer work | | |
| <input type="checkbox"/> Other (please specify) | | | |

*conditions apply

IS THERE A SPECIES OF WILDLIFE YOU WOULD PREFER TO RESCUE OR CARE FOR?:

- | | | | | |
|---|-----------------------------------|----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> macropods (eg kangaroos/wallabies) | <input type="checkbox"/> possums | <input type="checkbox"/> gliders | <input type="checkbox"/> bats & flying foxes* | |
| <input type="checkbox"/> other mammals | <input type="checkbox"/> reptiles | <input type="checkbox"/> birds | <input type="checkbox"/> venomous snakes* | <input type="checkbox"/> raptors* |

*conditions apply

Have you had any experience in the rescue or care of wildlife? Please provide details:

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FAWNA USE ONLY

Date Received:	Receipt No:
Date Approved:	Member No:

