



MEMBERSHIP APPLICATION

Please provide the following details:.

Applicant 1 (Ordinary (Single) / Family / Friend)

Title	Surname	Given Names	DOB

Contact Details: Applicant 1

Mobile	Home ph	Work ph	Email Address

Applicant 2 (Joint Family)

Title	Surname	Given Names	DOB	Same residential address (Y/N)

Contact Details: Applicant 2

Mobile	Home ph	Work ph	Email Address

Residential Address

Street No	Street Name	Suburb	Postcode

Postal Address (if different to above)

Street No	Street Name / P.O. Box	Suburb	Postcode

Family (under 18yrs of age, under supervision)

Surname	Given Names	DOB	Same residential address (Y/N)
Surname	Given Names	DOB	Same residential address (Y/N)
Surname	Given Names	DOB	Same residential address (Y/N)

**Attach a separate list of Family Members (under 18yrs of age) if required*



MEMBERSHIP APPLICATION

Volunteer Roles:

Animal Care

Species	Y / N	DEW Permit Y/N	Any previous experience (brief detail)
Birds			
Ducklings			
Lost Pet Birds			
Possums			
Kangaroos			
Koalas			
Other Species			

Other

	Y / N	No. of hours	Weekdays (advise days)	Weekends (advise days)	Current drivers licence (Y/N)
Transport					
Rescue					
Phone					Not Applicable
Other					

Membership Type: *(Please ensure that a copy of recognized Government Concession details is attached).*

(Tick type)

\$30	<input type="checkbox"/>	Ordinary (Single)	\$50	<input type="checkbox"/>	Family	\$50	<input type="checkbox"/>	Friend
		Are you a Concession Card Holder Concession Card Holders can receive a 50% reduction on membership fees						

The approval of this membership application at time of lodgment and payment, is conditional in accordance with approval by the Committee Members of S.A. Native Animal Rescue (SANAR) Inc and its Constitution. (A refund of the applicable membership fee paid will be given if not approved).

Please read the following:

I / We agree to:

- ✓ Abide by the Constitution, the Association's Code of Conduct and Code of Ethics, relating to members of S.A. Native Animal Rescue (SANAR) Inc (link to these documents will be provided)
- ✓ Follow the Objectives of S.A. Native Animal Rescue (SANAR) Inc
- ✓ Provide for sighting by a Committee Member, a Current National Police Check (excluding Friend Membership, unless requested) AND/OR Apply for a current National Police Check, once Membership is approved (application details attached)
- ✓ Provide DEW Wildlife Permit number and Species authorized AND/OR Apply for a DEW Wildlife Permit as required. (excluding Friend Membership, unless requested)
- ✓ Allow Species Liaison Officers to check the welfare of native animals in care as required.

I / We confirm / Acknowledge:

- To have no criminal convictions or pending criminal/court actions (including any from the RSPCA and the Department for Environment and Water) relating to animal cruelty. Neither have I/we received any warnings for negligence or mistreatment of animals in regards to animal cruelty. (excluding Friend Membership)
- Our membership details, when approved, will be kept on a confidential database which will be accessed only by those that have signed the relevant Confidentiality and Privacy agreement, and to be used for S.A. Native Animal Rescue (SANAR) Inc purposes only.



MEMBERSHIP APPLICATION

S.A. Native Animal Rescue (SANAR) Inc. accepts no responsibility for loss, damage, or injuries resulting from activities undertaken by its members.

PLEASE ENSURE MEMBERSHIP APPLICATION IS SIGNED BY ALL APPLICANTS OVER THE AGE OF 18yrs.

FULL NAME: _____ Signature _____ Date: _____

FULL NAME: _____ Signature _____ Date: _____

Do you wish to have your Wildlife Permit Number shown on your Membership Badge: Y / N

Payment can be made via:

PAYPAL paypal.me/SANARRescue

DIRECT BANK DEPOSIT: National Australia Bank
BSB: 085-005
ACC: 305515187
Description: (Membership and Surname)

CHEQUE or MONEY ORDER PAYABLE TO:
S.A. Native Animal Rescue (SANAR) Inc
With membership application attached

MEMBERSHIP OFFICER USE ONLY:

Membership Number: _____ Type of Membership: _____ Expiry Date: _____

Date Payment Received: _____ Type of Payment: _____

Date Approved: _____

Membership Pack Emailed date: _____

Membership Badge Emailed date: _____

DEW Permit Number on Badge: Y / N