

**MEMBERSHIP INFORMATION**

*All new members will be welcomed into a friendly network of people and will be given the opportunity to become involved in activities other than just caring, which help to further the understanding of bats by the community. Being a volunteer organisation, all caring costs are met by members personally but where availability of funds permit, there is scope for some of the costs to be subsidised.*

**MEMBERSHIP CATEGORIES**

There are two different categories for membership of Bat Rescue, depending on whether the applicant intends caring for bats (an ACTIVE member) or becoming a supporter (a SUPPORT member). Under each category there are also two classes of membership applicable (see By-Laws for definition).

**ELIGIBILITY AS A CARER**

Carers must be aged 18 or over.

Carers will need to be vaccinated against Australian Bat Lyssavirus. Proof of immunity status is required prior to being permitted to handle bats. The course of 3 rabies vaccines costs between $70-$90 per injection, depending on the healthcare provider. Contact Bat Rescue for further information on how to obtain vaccinations.

**ACCEPTANCE**

Acceptance for membership is subject to nomination and endorsement by the Management Committee, which reserves the right to accept or decline any application. Confirmation of new Active membership is also subject to satisfactory completion of 12 months probation (By-Law 8).

**BY-LAWS**

Members are required to abide by the organisation’s By-Laws, which are reviewed annually. A copy of this document is always available on the website.

**LIABILITY**

Bat Rescue Inc accepts no liability for any personal injury, property damage or financial cost arising from any voluntary work undertaken for or on behalf of the organization.

**PRIVACY POLICY**

Bat Rescue Inc respects the rights of our members to privacy and controls access to personal information in order to provide protection. While personal details such as address, telephone number etc or other information may be required by our licensing body DES (Department of Environment and Science), information will not be released to any other outside persons or organizations without the member’s permission.

*Should you have any questions regarding the membership process, or difficulties completing the form, please contact us via phone or email (details below).*

**BAT RESCUE INC.**

**APPLICATION FOR NEW MEMBERSHIP OR RENEWAL OF EXISTING MEMBERSHIP**

Please complete the form below, either by hand or clicking on the **electronic fill-in fields** and ⌧ boxes which apply.

**A. CONTACT DETAILS**

|  |  |  |
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| Name | Address | Contact Phone Numbers |
| Enter Name | Address | Home: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address(es) | **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ | |

**B. I HEREBY APPLY FOR**

|  |  |  |
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| 1. ACTIVE MEMBERSHIP  NEW    *Complete Sections C, D, E, F* | Active members are vaccinated carers (aged over 18) who receive:   * invitations to participate in display and fundraising activities * training * loan equipment & food subsidies (subject to availability & funding) * access to release facilities * group antibody testing & booster reminders   **SINGLE**  **COUPLES/FAMILY** | $20  $30 |
| RENEWAL:      *Go to Section E, F* | I wish to renew my active membership and enclose my Annual Membership fee.  **Single**  **Couples/Family**  **LAST TITRE LEVEL TEST DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CURRENT TITRE LEVEL**: **\_**\_\_\_\_\_\_\_\_\_\_\_\_  Since my last renewal, I have become a member of another wildlife care group/s that also rescues and rehabilitates bats:  No | $20  $30 |
| *Complete Sections C, E, F* | Yes - Group name(s) **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| 2. SUPPORT MEMBERSHIP  NEW: *go to Section F* | Support members are financial supporters who are welcome to participate in social, display and fundraising activities and attend training workshops | $15 |
| RENEWAL: *go to Section F* | I wish to renew my Support membership and enclose my Annual Membership fee | $15 |

**C. PERMIT**

|  |  |
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| PERMIT  (refer By-Law No. 3) | I request to be included on Bat Rescue Inc. SEQ Group Permit OR  I already hold my own Licence – Permit No. **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**  I am already a member of another caring organisation under their Permit  (Organisation Name): **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOMINATION *(applicable only if you are currently actively caring for bats with another group)* | I choose to actively care for Bat Rescue bats only, OR  I choose to actively care for the bats of my other above-named organization/s only. |

**D. CARING HISTORY**

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| --- | --- |
| VACCINATION STATUS | NO I am not vaccinated yet  *Proof of immunity status following vaccination is required prior to being permitted to handle bats.*  **YES: Date of last vaccination**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  My current Titre Level is: **\_**\_\_\_\_\_ or  Don’t know |
| PREVIOUS BAT CARING EXPERIENCE | NO, I will attend Bat Rescue training workshops  *All new Active Members, regardless of experience, are required to attend a New Carer’s Training Day*  YES: Number of years as a bat carer \_\_\_\_\_  for: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organisation Name) |
| RESCUE EXPERIENCE | Nil  Barbed Wire  Fruit Tree Netting  Other **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| REHABILITATION EXPERIENCE | Microbats  Little Red Flying-foxes  Black Flying-foxes  Grey-Headed Flying-foxes  Other (please specify) **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ORPHAN REARING | NO, I have never reared a flying-fox orphan  YES, I have reared orphans for **\_**\_\_\_\_\_ years  Average number raised each season by me **\_**\_\_\_\_\_ |

**E. ACTIVE MEMBER AGREEMENT**

As an Active Member of Bat Rescue Inc. I agree to commit to the following:

* To provide a high standard of care to the animals I am entrusted with, maintain regular records and consult with the Care Co-Ordinator during all stages of the rehabilitation process
* To respect and comply with the decision of the Care Co-Ordinator and/or Management Committee with regard to the treatment or fate of any individual bat
* To adhere to the organisation’s policies and procedures including attending compulsory training and fulfilling C3 reporting requirements
* To abide by the organisation’s By-Laws (see website)
* To obtain/maintain rabies vaccinations

I agree to abide by the above-stated terms

**F. DECLARATION**

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| (All applicants to complete) | I have read the Bat Rescue By-Laws  I certify that the information provided by me is correct  Signed: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please return completed form (via post or email), along with payment to:**

Bat Rescue Inc. P.O. 4625 Sunshine Coast MC, Qld 4560 or membership@batrescue.org.au

Direct deposit: Bat Rescue Inc, Westpac BSB: 034 204 Acc #: 178981 *(please supply a transaction receipt)*

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| ***OFFICE USE ONLY***  ❑ *Approved* ❑ *Declined*  ❑ *New*  ❑ *Renewal*  ❑ *Active* ❑ *Support* | *Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*    *Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mgmt Comm.)*  *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |