



Membership Application & Renewal

Name (required): _____

Postal Address (required): _____

Email (required): _____

Phone (required): H. _____ B. _____ M. _____

I wish to be a member of Bats Qld (Flying Foxes & Microbats) Inc. in the following capacity:

<u>Active Membership</u> \$10.00 per Person	Must be vaccinated or intending to become vaccinated against Australian Bat Lyssavirus with a view to be actively working with bats (e.g. rescues, rehabilitation, raising orphans).	New Member / Renewal
<u>Bat Support Club Membership</u> \$10.00 per Person	Members who do not actively care for or rescue bats but wish to support and be involved within the organisation.	New Member / Renewal
<u>Family Membership *</u> \$20.00 per Family	Family membership includes 2 adults and any children under the age of 18 who live at the same address.	New Member / Renewal Active / Support
<u>Junior Membership</u> \$5.00 per Person	Junior membership is for anyone under the age of 18.	New Member / Renewal
<u>Corporate Membership</u> \$100 per Company	Businesses who wish to support the conservation effort of Bats Qld.	New Member / Renewal

* If a family membership is chosen, please fill in a separate form for each family member and circle for each family member whether they are joining or renewing as an active or support member.

The Bats Qld membership year runs from the 1st July to 30th June (or part thereof). New members are required to complete, sign and return this membership application form. For renewals, on-time payment of your membership fee is sufficient, but completed membership forms are welcome to keep track of changes in your contact details.

Donations: Bats Qld is a not-for-profit organisation and we rely solely on donations. If you wish to include a donation in your membership payment, all donations over \$2.00 are tax deductible in Australia.

Membership amount \$ _____
Donation included \$ _____
Total amount payable \$ _____

<u>Bank Transfer:</u>	<u>Mail:</u>
Account Name: Bats Qld (Flying Foxes & Microbats) Inc. BSB: 034 182 Account No: 228422 (Please use your <u>full name</u> as reference)	Bats Qld (Flying Foxes & Microbats) Inc. PO Box 549 Helensvale Plaza, QLD 4212 (Please make cheques & money orders payable to Bats Qld (Flying Foxes & Microbats) Inc. and return along with your membership form)

The following 5 questions are only required for **ACTIVE** memberships. Please circle yes or no for each question:

1. I am vaccinated against Australian Bat Lyssavirus Yes / No
2. I have raised orphans Yes / No
3. I have rehabilitated bats Yes / No
4. I have rescue experience Yes / No
5. I prefer to care for Flying Foxes or Microbats Microbats/ Flying Foxes/ Both

If you have answered yes to Q1 please provide:

- the date of your vaccination or last booster _____
- the date and result of you latest titre level test _____

Please note: As an active Bats Qld member, you are permitted under the Bats Qld Inc. Group Permit to care for orphaned, injured or sick bats. At the same time you are obligated to utilise Bats Qld Inc. crèche and release facilities. By signing this membership form you are agreeing to adhere to the organisation's core values, policies, procedures and the practices outlined in the Bats Qld Safety Management Manual as well as by the rules set out in the following legislations: Queensland Nature Conservation Act 1992, Code of Practice - Care of Sick, Injured or Orphaned Protected Animals In Queensland, Qld Animal Care and Protection Act 2001 (all available for download from <http://batsqld.org.au/policies.html>).

I accept that Bats Qld Inc. will not be held liable for personal injury including death, property or financial loss or damage as a result of any voluntary work undertaken on behalf of Bats Qld. Bats Qld holds Public Liability Insurance in the amount of AUD \$20,000,000.

Personal details will only be used for Bats Qld business and will not be passed onto outside sources except government departments if so requested.

Signature: _____ **Date:** _____

Completed membership forms can emailed to secretary@batsqld.org.au, mailed as above or faxed to 07 5580 5494.

For Office use only
Nominated by _____
Seconded by _____
Approved by committee _____