



MEMBERSHIP FORM

Active & Associate Members

Please complete this form and return it with your payment
and any other relevant supporting documentation to:

The Membership Secretary,
P O Box 1727, Capalaba, Qld 4157
or scan and email documentation to membership@bats.org.au
(online forms also available at www.bats.org.au)

I wish to join/rejoin Bat Conservation & Rescue Qld Inc as an:-

- Active Member – (Vaccinated & Trained)** – Involved in rescue, raising and rehabilitation of bats. (Please complete Section A, B & C)
- Associate Member – (Not required to be vaccinated)** – **will never** handle either flying-foxes or micro-bats. (Please complete Section A & C)

Under the Nature Conservation Act, Bat Conservation & Rescue Qld. Inc. is obligated to send updated membership lists to the Queensland Parks & Wildlife Service. Bat Conservation & Rescue Qld. Inc. will not pass member details on to any other organisation unless authorized by the member to do so. Your personal details may be passed on to other members of Bat Conservation & Rescue Qld. Inc. for the purpose of rescue and care allocation only.

Do you give us permission to allow your details to be available to the BCRQ general membership? Yes No

NAME: _____

ADDRESS: _____ POST CODE: _____

HOME PHONE: _____

MOBILE PHONE: _____

WORK PHONE: _____

EMAIL: _____

*(Newsletters and correspondence will be via email **only**. New Members who do not have access to email are encouraged to set up a Google mail or hotmail address at your nearest Library. This is a free service provided by your local council.)*

INSURANCE BCRQ Inc holds Public Liability Insurance in the amount of
\$20,000,000

Your Name: _____

SECTION A (All members complete)

Activities - I would like to help with:

- | | | |
|--|--|---|
| <input type="checkbox"/> 'Big Picture' Conservation Work | <input type="checkbox"/> Rescue Telephone Service | <input type="checkbox"/> Fruit Cutting |
| <input type="checkbox"/> Education Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Web Site Maintenance |
| <input type="checkbox"/> Handicraft (sewing, craft etc) | <input type="checkbox"/> Committee / Team Leader | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pickup & delivery of goods | <input type="checkbox"/> Construction (e.g. nest boxes, cages) | |
| <input type="checkbox"/> Non-contact transportation of safely contained bats | | |

SECTION B – Active Members only – complete all parts of this section

Active membership involves handling flying-foxes and micro-bats, both of which have been known to carry a rare disease called Australian Bat Lyssavirus. Although Australian Health authorities suggest that Lyssavirus poses a low public health risk, BCRQ active members **MUST** have a course of rabies vaccinations (3 injections over 1 month) before undertaking Active Membership activities. **The responsibility for vaccinations rests entirely with each individual member.** BCRQ cannot be held liable should an Active Member neglect to be adequately vaccinated or fail to have booster vaccinations when indicated necessary by a low titre level. (Refer By-Laws 1,2,3 & 4 below)

Active Members must be **over 18 years** of age and all members will have access to free annual rehabilitation and orphan training workshops, including training manuals. Access to crèche and release facilities are made available either free, or for the most minimal fee possible (Refer by-law 29 below).

- I am **already vaccinated** and evidence of this is attached.

My titre level check was on _____ my titre level was _____

- I am **NOT vaccinated** and **will NOT** commence **Active membership activities** until I have completed the required course of three Rabies injections and my titre level is sufficiently high. Evidence of this will be forwarded to the Membership Secretary and is required before commencement of any bat handling activities.

Availability for Rescue	<input type="checkbox"/> Weekdays and weekends all hours <input type="checkbox"/> Weekends and after hours only <input type="checkbox"/> Particular times only, please specify _____ <input type="checkbox"/> Not Available for Rescue
Animal Care <i>It is a requirement that all active carers/rescuers attend training workshops on an annual basis to ensure rescue and care techniques are current and that an appropriate standard is maintained.</i>	I wish to care for: <input type="checkbox"/> Raising orphans Flying Fox <input type="checkbox"/> Rehabilitate Flying Fox <input type="checkbox"/> Short Term Rehabilitation Flying Fox (post rescue) ____ Years of experience <input type="checkbox"/> Raising orphans Microbats <input type="checkbox"/> Rehabilitate Microbats ____ Years of experience

Your Name: _____

<p>Permit</p> <p>If you are a member of another organisation, you must nominate under which permit you will rescue/care for bats. (Please refer to By-Law 9 below)</p>	<p><input type="checkbox"/> I will rescue and care for bats under Bat Conservation & Rescue Qld Inc's permit only.</p> <p><input type="checkbox"/> I am a member of another wildlife care organisation. However, our household will only rescue/care for bats under a Bat Conservation & Rescue Qld. Inc. permit.</p> <p><input type="checkbox"/> I would like to be an associate/support member as I am a member of another wildlife care organization. Any bats I rescue or care for will be under their license.</p> <p>Name of other Organisation:- _____</p>
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SECTION C - PAYMENT

- Single membership (Active or Associate) - \$25.00**
- Family Membership (Active or Associate) - \$40.00** – 2 individuals living at the same address.
- Additional Family Membership (Active or Associate)** living at the same address - \$10.00 each

Other family member's names: _____

*(A separate membership form must be completed & signed **by each individual** in the household applying for a Family Membership).*

HOW TO PAY

- PayPal** – an invoice will be generated and sent to your email address.
- Cheque / Money Order**
- Direct Deposit** - BSB **034070**, Account number **310595** paid on ____/____/____
- Cash** given to: _____ on ____/____/____

As a volunteer all costs incurred while rescuing or caring for bats will be met by the individual member. Where funds permit, Bat Conservation & Rescue Qld. Inc. may help to subsidize costs. If you require further information about becoming a Bat Conservation member, please email our membership secretary at membership@bats.org.au

REQUIRED VOLUNTEER DECLARATION

I accept that Bat Conservation & Rescue Qld. Inc. will not be held liable for personal injury, death, property loss or damage or financial loss as a result of any voluntary work undertaken on behalf of the organization.

I have read and understand the [Code of Practice for Wildlife Carers](#) and agree to adhere to the Code. I have also read Bat Conservation & Rescue Qld. Inc. By-Laws (below) and agree to abide by their rules.

Signed: _____ Date: _____