



National Parks and Wildlife Service Licence No. MWL000289

LAOKO Inc • PO Box 159, Berridale NSW 2628 • 02 6456 1313 • laokosmwr@gmail.com • www.laokosmwr.org

Date:

Dear xxxxxxxx,

Thank you so much for your interest in LAOKO Snowy Mountains Wildlife Rescue.

LAOKO relies heavily on the support and donations it receives from its members and the general public. We would certainly welcome any assistance that you can provide. To care for native wildlife, you need to undertake specific training. We regularly run courses to provide skills related to wombats, kangaroos, wallabies etc. We also use the training facilities of other groups to gain training in birds and reptiles. We will include you in our email list so that you are aware of upcoming events.

Please return the attached membership form. This will allow us to register your details and also to be aware of the type of participation within LAOKO that suits you best.

Please note that euthanasia volunteers and snake handlers are Honorary Members and are exempt from a fee. We would, of course be very grateful if payment was received and donations are always appreciated.

Euthanasia volunteers and snake handlers are still required to return a membership form for insurance purposes.

All other members are required to pay an annual membership fee.

By joining LAOKO you will support and be part of a network of dedicated local people undertaking rehabilitation of injured or orphaned native fauna.

If you have any queries or would like further information about how you may be able to assist, please email our group address at laokosmwr@gmail.com or call us on 02 6456 1313.

Our membership coordinator is the Secretary, Mick Milne who is also available at the above contacts.

We look forward to your association with LAOKO.

Yours sincerely,

Lisa Petroff
President



LAOKO
Snowy Mountains
Wildlife Rescue

National Parks and Wildlife Service Licence No. MWL000289

LAOKO Inc • PO Box 159, Berridale NSW 2628 • 02 6456 1313 • laokosmwr@gmail.com • www.laokosmwr.org

MEMBERSHIP APPLICATION FORM

Existing members need only include any changes to your membership details

Please complete the details below and return to the address above, together with your Membership fee
(please make cheques payable to LAOKO INC. or payment can be made at
www.paypal.com to laokosmwr@gmail.com)

Name/s: _____

Residential Address: _____

Postcode _____

Postal Address (if different to above): _____ Postcode _____

Telephone: Home: _____ Work: _____

Mobile: _____ Email: _____

- Membership Type:
- Ordinary
 - Honorary - euthanasia - current shooter's licence required & additional police training may be required
 - Snake handler - For rehabilitation licence required; For catch & release a certificate is required, refresher training every 2 years.

Membership Status: New Member Renewal Honorary

Annual Membership Fee: Single \$20.00 Family \$30.00 Corporate \$50.00

Family Membership: list family members who will also be assisting with care (will also require training)

Paid by: Paypal Cheque/money order attached In person

Are you able to be an active member of LAOKO? Yes No

If you answered YES, there are a number of ways you can be involved. **(Please note - training is required for participation in animal related & support roles and will be provided by LAOKO for a small fee)**

Please indicate your areas of interest so that we can provide more information for you and notify you of relevant training:

- Animal Rehabilitation - Training required. Re-training every 2 years.
- Signed *Animal Rehabilitation Agreement for Trained Carers* required
- Animal Rescue Volunteer
- Emergency Phone volunteer
- Euthanasia Volunteer, (Shooters Lic. No _____ Category _____)
- Snake Handler: Licence and Training required. Re-training every 2 years.
- Building release pens & enclosures
- Support roles e.g. pouch making, publicity, marketing, graphic design, training, IT Support, fundraising, administration, market stalls, data entry, coordinating roles, other.

Please give details:

Wombat mange treatment: As part of the wombat mange treatment team. Training and supervision is provided by the Mange Team Coordinator.

If you have indicated that you would like to be involved in Animal Rehabilitation, please indicate the type of residence you have:

- Flat / Unit House with yard Small property 1-20 acres
- Large Property/Farm acres/hectares

Do you have a preference for the type of animal you would like to care for? Yes No

If yes, please indicate your preference: Wombats Possums Kangaroos
 Wallabies Birds Echidnas Reptiles Other _____

Do you have yards or pens suitable for housing wildlife? Yes No Not sure

Have you had any previous experience in animal care and rehabilitation? Yes No

If yes, please provide details: _____

Have you undertaken any wildlife training courses? Yes No

If yes, please provide details: _____

Please be aware that refresher training is required every two years.

If not residing in the Snowy Monaro LGA, are you a member of your local volunteer wildlife rescue group*?

Yes No

If yes, please provide details: _____

Have you ever been refused membership from a volunteer wildlife rescue group? Yes No

If yes, please provide details: _____

*Please note, to be an authorised Carer of wildlife with LAOKO, you must reside within the Snowy Monaro LGA which is the area our NPWS Licence covers

Declaration

I declare that the above information is true and correct. I agree to be bound by the rules and policies contained within the LAOKO Inc Constitution and Health, Safety, Environment and Quality (HSEQ) System. I acknowledge that if I undertake any Animal Rehabilitation or Rescue activities, I will be required to participate in relevant training, and sign and abide by the LAOKO Inc Animal Rehabilitation Agreement. I will not hold LAOKO Inc responsible for any injuries suffered by me or my family whilst I am rescuing, rehabilitating or releasing wildlife.

Signed: _____ Date : _____

For office use only

- | | |
|--|--|
| <input type="checkbox"/> Membership Fee received | <input type="checkbox"/> Receipt No..... issued |
| <input type="checkbox"/> Fees banked | <input type="checkbox"/> <i>New Member Information Pack</i> issued |
| <input type="checkbox"/> Membership Card sent | <input type="checkbox"/> Register of Members updated |
| <input type="checkbox"/> Animal Coordinator notified | <input type="checkbox"/> Emergency Phone Coordinator notified |
| <input type="checkbox"/> Euthanasia Coordinator notified | <input type="checkbox"/> Signed <i>Animal Rehabilitation Agreement for Trained Carers Agreement</i> received |
| <input type="checkbox"/> Release Site Coordinator notified | |