



O.N.A.R.R.

Orphan Native Animal Rear & Release Association Inc.

New Member

Renewal of Membership - Membership No. _____

Name _____	Office use only Change of: <input type="checkbox"/> address <input type="checkbox"/> phone <input type="checkbox"/> caring status
Address _____	
Phone _____ Mobile _____	
Email _____	

Carer (who can offer long term care of an orphan)

Which Native Animal could you foster? (If you prefer no to foster a particular species, leave the square empty.)

<input type="checkbox"/> Brushtail Possums	<input type="checkbox"/> Gliders	<input type="checkbox"/> Other Fauna	<input type="checkbox"/> Reptiles: <input type="checkbox"/> Snakes
<input type="checkbox"/> Ringtail Possums	<input type="checkbox"/> Wallabies	<input type="checkbox"/> Bats: <input type="checkbox"/> Flying Fox	<input type="checkbox"/> Lizards
<input type="checkbox"/> Bobuck Possums	<input type="checkbox"/> Kangaroos	<input type="checkbox"/> Birds <input type="checkbox"/> Insectiverous Bat	<input type="checkbox"/> Turtles

Rehabilitation (of older / injured animals)

Support Member (financial member only, not caring for animals)

Release Site (reintroducing adolescents to the wild) **available for:**

<input type="checkbox"/> Brushtail Possums	<input type="checkbox"/> Gliders	<input type="checkbox"/> Ringtail Possums	<input type="checkbox"/> Reptiles:
<input type="checkbox"/> Bobuck Possums	<input type="checkbox"/> Wallabies	<input type="checkbox"/> Kangaroos	<input type="checkbox"/>
<input type="checkbox"/> Other Fauna	<input type="checkbox"/> Birds	<input type="checkbox"/> Bats	

May we hand out your first name and phone number to the general public when they ring requiring assistance with Native Wildlife? Yes No

New to Caring

Experienced carer - **[new members]** please give details of experience, including previous groups _____

Years of experience _____ Experience with which wildlife _____

Membership of other groups

Previous _____ Current _____

Important: to comply with the Department of Environment and Resource Management (DERM) regulations, any native animal coming into your care must be registered with one of the O.N.A.R.R. Register Heads.



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Specialized Care

Carers fostering these species must have current vaccinations.

Titre Level - Copy of confirmation of Titre Levels included Date of Vaccination ___ / ___ / ___

Flying Fox Insectivorous Bats

Carers fostering these animals must have experience.

Brushtail Pinkies Ringtail Pinkies Glider Pinkies

Kangaroo Pinkies Wallaby Pinkies

Other Fauna - give details of animals cared for _____

Can you help with rescues?

8am - 5pm Yes No 8pm - 5am Yes No

O.N.A.R.R. SUBSCRIPTION FEES

***From:* 1st July until June 30th (1 full year)- \$20.00 PER PERSON or \$25.00 PER FAMILY.**

Jan 1st – June 30th (6 months) - \$10 per person or \$15 per family.

April 1st – June 30th (3 months) - \$5 per person and \$7.00 a family.

N.B. NO PERSON UNDER 18 YEARS OF AGE MAY HOLD MEMBERSHIP

If you wish to be part of the Onarr program and have read and agree with our Conditions of Membership, please return this form with the application subscription fee to:

The Membership Secretary, O.N.A.R.R.,
11-17 Islandview St., Barellan Point, Qld. 4157

I have read and agree to abide by the conditions of membership:

Signature _____ Date _____

Signature _____ Date _____

OFFICE USE ONLY

Date Rec _____ Amount \$ _____ Cheque No _____ Bank _____ BSB _____

Receipt. No. _____ Date Sent _____

Amendments (Date Received) _____

Change of Address: _____

Change of Phone number: _____ Change of Caring Status: _____