



L.A.O.K.O. Inc  
PO Box 274  
JINDABYNE NSW 2627  
☎ 02 6456 1313  
www.laoko.org.au

## MEMBERSHIP APPLICATION FORM

*Thank you for your interest in L.A.O.K.O.*

Please complete the details below and return to the address above, together with your membership fee (*please make cheques payable to L.A.O.K.O. Inc. or payment can be made at [www.paypal.com](http://www.paypal.com) to [treasurer@laoko.org.au](mailto:treasurer@laoko.org.au)*)

Name/s: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (*if different to above*): \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Type:  Ordinary  Honorary (*euthanasia only - current shooter's licence required & additional training is provided*)

Membership Status:  New Member  Renewal

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

Paid by:  Paypal  Cheque/money order attached  In person

Are you able to be an active member of L.A.O.K.O.?  Yes  No

If you answered **YES**, there are a number of ways you can be involved. (*Please note that training is required for participation in animal related & support roles and will be provided by L.A.O.K.O.*)

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

- Animal Rehabilitation
- Animal Rescue
- Emergency Phone volunteer
- Euthanasia
- Building release pens & enclosures
- Support roles e.g. pouch making, publicity, training, web site, fundraising, administration

*Please give details:* .....

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
- 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: \_\_\_\_\_

*I declare that the above information is true and correct. I agree to be bound by the rules and policies contained within the L.A.O.K.O. Inc Constitution. 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 L.A.O.K.O. Inc Animal Rehabilitation Agreement.*

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"/> New Member Information Pack/Membership Card sent |
| <input type="checkbox"/> Register of Members updated       | <input type="checkbox"/> Animal Coordinator notified                      |
| <input type="checkbox"/> Euthanasia Coordinator notified   | <input type="checkbox"/> Emergency Phone Coordinator notified             |
| <input type="checkbox"/> Release Site Coordinator notified | <input type="checkbox"/> Pouch Coordinator notified                       |
| <input type="checkbox"/> Other.....                        | <input type="checkbox"/> Follow-up phone call                             |