

# SOCIETY FOR THE PRESERVATION OF RAPTORS (Inc.)

## APPLICATION FOR MEMBERSHIP

NAME: Mr / Ms / Mrs / Miss / Dr .....

.....  
*(If family membership, please list all names)*

ADDRESS: .....

.....

..... POST CODE: .....

PHONE: (H) ..... (W) ..... (M) .....

e-MAIL: .....

Would you like to receive your newsletters via e-mail? (please tick) Yes  No

PLEASE INDICATE YOUR REASONS FOR JOINING THE SOCIETY: *(tick those which apply)*

- To learn more about raptors (eg: handling, first aid)
- To participate in wildlife rehabilitation programmes
- To participate in wildlife / environmental education and display activities
- To participate in final stage release work only (ie: flying raptors for rehabilitation)
- As a financial but non-active member
- Other (please specify) .....

How did you find out about the Society for the Preservation of Raptors? .....

.....

Are you a member of any other Societies or Groups? (please tick) Yes  No

If, "yes," please list: .....

.....

Have you handled raptors? Yes  No  If, "yes," please list species: .....

.....

Have you participated in field studies or observations? Yes  No

Have you completed the DEC Basic Course in Wildlife Rehabilitation? Yes  No

Have you done any animal rehabilitation work? Yes  No

Have you done any of the following first aid? (please tick those which apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Examination / assessment     | <input type="checkbox"/> Subcutaneous fluid administration |
| <input type="checkbox"/> Wing bandaging               | <input type="checkbox"/> Injection                         |
| <input type="checkbox"/> Treatment of avian diseases  | <input type="checkbox"/> Tube / crop feeding               |
| <input type="checkbox"/> Other (please specify) ..... |  |

.....

What types of raptor have you cared for and for what type of injury or illness?

.....  
 .....  
 .....

Do you have the time and facilities to care for sick and injured raptors? Yes  No

Have you been a member of any falconry club in Australia or overseas? Yes  No

If, "yes," please list: .....

**ANNUAL MEMBERSHIP FEES**

~ DUE ON JULY 1st EACH YEAR ~

Please tick the appropriate boxes to indicate the nature of your payment

		cash / cheque	direct deposit
INDIVIDUAL .....	\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
CONCESSION .....	\$12.00	<input type="checkbox"/>	<input type="checkbox"/>
JUNIOR (age*:        ) .....	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY (one household) .....	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>

I understand that:

A: Any serious breach of the Society's constitution will result in automatic expulsion, without refund of fees, and agree to return any raptors held by me that were obtained whilst a member of the Society for the Preservation of Raptors (Inc.)

B: All raptors received by any member are under the direct control of the Coordinator.

SIGNED: ..... Date: ...../...../.....

Witness: ..... Date: ...../...../.....

Please return this completed membership form, together with membership fees to:

**Mr Philip Pain, Coordinator**  
**Society for the Preservation of Raptors (Inc.)**  
**PO Box 415, Forrestfield WA 6058**

Direct deposits may be made to:  
 Society for the Preservation of Raptors, BankWest Margaret River BSB 306-021 , A/c 0595075

*If you choose to make a direct deposit, please include your name as a reference and ensure you send this completed form to us as soon as possible to enable us to reconcile your payment with your membership details.*

\* Age information enables us to better tailor education programmes and activities for our junior members.

Office use only:

AMOUNT	RECEIVED BY	DATE	AUTHORISED BY
\$10     \$15	..... Treasurer	...../...../.....	..... Philip Pain Coordinator
\$20     \$25			
\$ ..... (other)			
Cash / Cheque			