



BIRDS INJURED REHABILITATED & ORPHANED (BIRO Assoc Inc)

Website : www.biro.org.au

President: Trixie Benbrook Phone: (07) 3208 3512

Email : crowsinoz@yahoo.com.au

Membership RENEWAL Form

ANNUAL SUBSCRIPTION for 1 July to 30 June - \$20.00 per person

Send completed form/monies to Treasurer: Pat Hennessey, P.O. Box 740, Samford, Q4520.

Internet Banking - if you wish to use this method to make payment, please transfer your monies to:-
BSB: 633000 Account #: 149116022 Name: BIRO Reference: MREN & Your name
e.g. Reference = MREN Mary Smith - (MREN =Member Renewing Subscription)

If you have used Internet Banking to make your payment, please fill in the spaces below.

Amount deposited \$ _____ Date of deposit _____

then post the completed form as shown, **or scan your signed and completed form and forward it to Pat** at tawny@inet.net.au - with a copy to Trixie at crowsinoz@yahoo.com.au Thank you.

**NOTE : NO PERSON UNDER 18 YEARS OF AGE MAY HOLD MEMBERSHIP with BIRO
but they are welcome to attend functions with an adult family member**

Name : _____

Address : _____

Post code _____

Phone Numbers : (Home) _____ (Mob) _____

Email: _____

What bird species do you regularly care for? _____

Are you also a member of another Wildlife Group (please list) _____

Do you hold a **Bird** Permit with any group other than BIRO? YES / NO

(BIRO does not issue another Permit if you are already "covered").

If "Yes", which other group has issued your Permit? _____

Are you willing to have your Phone Number listed so that any incoming calls from the public may be directed to you as a "nearby carer"? YES / NO (Please circle your desired response)

To comply with DEHP requirements, all native birds coming into your care must be recorded on a statistics form to cover each Financial Year, and returned to BIRO for collation in July. DEHP's three year Permit issued to you requires your membership to be renewed yearly with BIRO. Should your membership lapse, your DEHP Permit through BIRO is suspended. DEHP also expect each carer to attend at least two training workshops per year to grow their knowledge and experience.

Signature: _____

Date: _____

===== OFFICE USE ONLY =====

Receipt Number : _____

Rescue Permit Number : _____