



Postal Address:
c/o Bayside Vet Clinic
34 Primrose st
Belgian Gardens Q 4810
Ph: 0431 338 189

Membership Form

I/We..... (full name) of
.....(Address) (City) (Postcode) hereby
apply for membership to the Nth Qld Herp society.

Telephone Mobile

Email address: Occupation:

Gender DOB If under 18yrs you must have a parent/guardian sign for you.

QPWS License - Yes/No Please state the type of License/s

Have you been convicted of any flora/fauna or firearm offence in the past 10 years ? Yes/No

Do you breed any species? If so, what? Network list Yes/No

What species are you interested in:-

What would you like to get out of this club?

Are you able to help us with planning events or speakers?

I/We fully understand that as a member I/We am bound by the rules of the society.

I/We also acknowledge and understand, that the Nth Qld Herp Society, or any of its members, shall not be held liable for death, injuries, loss or damage caused to any member or participant in society activities, or his/her property resulting from negligent or irresponsible behaviour of individuals.

I/We do/do not (please cross out appropriately) give permission to the NQHS to include my name, phone number and area of interest in the networking Newsletter.

Signature: Name: Date

Fees: ☐ Single \$25.00 ☐ Family \$40.00 ☐ Student/Pensioner \$20.00

Method of Payment: ☐ Cash ☐ Cheque ☐ Money Order

Office Use Only

Date approved/denied

Reason if denied

Date applicant advised

Placed onto mailing list - Y/N Membership no

Place in Network list -Y/N

Receipt No