

**Wisconsin Wildlife Rehabilitators Association Membership Application/Renewal
Memberships run January 1st through December 31st**

Name _____

Address _____

City/State/Zip _____

County _____

Phone _____

E-mail _____

Organization _____

Rehabber Since _____

State Rehab License Y _____ N _____

Volunteer Y _____ N _____

Federal Rehab License Y _____ N _____

Volunteer Y _____ N _____

Species cared for: _____

Additional information to include: _____

I am willing to accept calls from the public Y _____ N _____

I am willing to accept calls from other rehabilitators Y _____ N _____

I want to be included in the WWRA directory Y _____ N _____

(if nothing is checked, the assumption is Yes)

Please accept my membership as follows:

_____ Individual \$20

_____ Family/Organization \$35 (two representatives)

_____ Life \$500

_____ Additional donation of \$ _____

Membership will be current through December 31st

New members joining in Oct-Dec will be extended through next year.

Please return this form with your payment to:

WWRA

PO Box 28286

Green Bay WI 54324