

Wisconsin Wildlife Rehabilitators Association Membership Application/Renewal

Memberships run January 1st through December 31st

Name _____

Address _____

City/State/Zip _____ County _____

Phone _____ Fax _____

E-mail _____

Organization _____

State Rehabilitation License Y _____ N _____ Volunteer Y _____ N _____

Federal Rehabilitation License Y _____ N _____ Volunteer Y _____ N _____

Veterinarian Y _____ N _____ CVT Y _____ N _____ CWR 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 \$30 (two representatives)

_____ Life \$500

_____ Additional donation of \$ _____

Membership will be current through December 31st.

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

Please email the completed form to WWRA@Wiwildlife.org or return this form with your payment to:

WWRA
Bay Beach Wildlife Sanctuary
1660 East Shore Drive
Green Bay, WI 54302