



## ALBERTA WILDLIFE REHABILITATORS' ASSOCIATION MEMBERSHIP APPLICATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

### ANNUAL MEMBERSHIP FEE - \$25.00

Please check the applicable boxes:

- I have taken the International Wildlife Rehabilitation Council's (IWRC) Wildlife Rehabilitation 1AB Course.  
Location and date: \_\_\_\_\_
- I have taken other courses offered by IWRC or NWRA. (List on reverse side)
- I am a volunteer at a rehabilitation facility:  
Name facility: \_\_\_\_\_
- I am interested in wildlife rehabilitation but do not actively participate at this time.
- Areas of expertise that would be of benefit AWRA are:  
\_\_\_\_\_
- I am interested in setting up a wildlife rehabilitation centre.  
Location: \_\_\_\_\_
- I have been involved in wildlife rehabilitation projects outside of a wildlife rehabilitation facility. (Explain involvement on reverse)

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Based on the above information you will be assigned to one of the following membership categories:

**Associate Rehabilitator** – An individual who is working under the auspices of an active rehabilitator.

**Associate Member:** An individual or an organization who wishes to support wildlife rehabilitation but does not actively participate in wildlife rehabilitation.

**Intern Rehabilitator:** An individual who wishes to actively participate but does not qualify as an Active Rehabilitator.

**Active Rehabilitator:** An individual who wishes to actively practice wildlife rehabilitation.

**Rehabilitation Facility Member:** Any Alberta licensed wildlife rehabilitation facility.



**ALBERTA WILDLIFE REHABILITATORS' ASSOCIATION  
REHABILITATION CENTRE MEMBERSHIP APPLICATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE - \$25.00**

Please check the applicable boxes:

I am a licensed rehabilitation centre. Permit No's. \_\_\_\_\_  
\_\_\_\_\_

As a licensed rehabilitation centre I have designated the following person to vote on our behalf \_\_\_\_\_  
\_\_\_\_\_

(If your representative changes during the year, please advise AWRA prior to any Annual General Meeting, General Meeting or Special Meeting)

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