



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)

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.

Alberta Wildlife Rehabilitators' Association
Box 79113, Nottingham Postal Outlet
Sherwood Park, Alberta T8A 2G4

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)

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

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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.

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