

# MARYLAND WILDLIFE REHABILITATORS ASSOCIATION

## Membership Application

New\_\_\_ Renewal\_\_\_

Annual Membership \$30.00 Check/Money order included\_\_\_\_\_

Date Submitted \_\_\_/\_\_\_/\_\_\_

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_ County\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

Rehabilitator Permit Status Master\_\_\_\_\_ Apprentice\_\_\_\_\_ Volunteer (No permit) \_\_\_\_\_

Please indicate which permit(s) you possess and include all copies of your current permits with this application. MWRA cannot refer or list you in the directory as a rehabilitator of a given species without a copy of a valid permit(s) for the species indicated.

USFWS Migratory Bird\_\_\_ MD Master/Apprentice\_\_\_ MD RVS\_\_\_ Fawn\_\_\_ Eagle\_\_\_

Endangered Species\_\_\_ Other\_\_\_\_\_ (please specify)

Referral Directory (Master Rehabilitators only)

Members Only\_\_\_ Website\_\_\_ Neither\_\_\_\_\_

Please provide contact information in the space below (your name/organization, location, phone number(s)) as you would like it to be listed for members and/or the public and which animals you rehabilitate.

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Please mail application with payment and enclosures to:

MWRA

C/O Kathleen Handley @ Second Chance Wildlife Center

7101 Barcellona Drive

Gaithersburg, MD 20879