**MWRA Membership Renewal/Conference Registration
Maryland Wildlife Rehabilitators Association**

**Patuxent Wildlife Visitors Center**

 **October 28, 2017**

I wish to renew my membership and attend the conference\_\_\_\_

I wish to renew my membership and will not attend the conference\_\_\_

I am not a member but wish to attend the conference\_\_\_\_

 Annual Membership Fee/Conference Registration Fee $30.00 /Lunch $12.00

Date Submitted \_\_\_/\_\_\_/\_\_\_ Check/Money Order included \_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will bring my own lunch\_\_\_\_ I wish to buy lunch for $12.00\_\_\_\_ Please choose a selection below:

\_\_\_\_\_\_\_\_\_\_ Grilled veggie wrap - grilled portabella mushrooms, red pepper, zucchini, onions and carrots with a balsamic drizzle

\_\_\_\_\_\_\_\_\_\_ Greek griller – Grilled peppers, zucchini, red onions, and Roma tomatoes with feta cheese, olive tapenade and field greens on Naan flatbread

\_\_\_\_\_\_\_\_\_\_ Ham and cheddar sandwich – Maple cured ham and aged sharp cheddar cheese with lettuce and tomato on rye bread

\_\_\_\_\_\_\_\_\_\_ Grilled Chicken Caesar wrap – Romaine lettuce, shaved parmesan cheese and Caesar dressing with grilled chicken

\_\_\_\_\_\_\_\_\_ Power House Sandwich – Loaded w/sprouts, zucchini, cucumber, carrot and provolone cheese served on seven grain bread

All lunches include a fresh fruit salad, pasta salad and homemade cookies. We will have bottled water for everyone, but feel free to bring your own beverage. Patuxent is very strict about where one eats on the property, so feel free to bring your own and eat with us or eat in your car.

Cancellation Policy: Conference registration fees are included in your membership to MWRA and are not refundable. Registration and lunch selections must be submitted by October 16th.

Please mail application/registration with payment and enclosures to:

MWRA

C/O Amy Lynne

3000 Westchester Avenue

Ellicott City, MD 21043