**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 Amy Lynne

3000 Westchester Avenue

Ellicott City, MD 21043