

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.

Please mail application with payment and enclosures to:

MWRA

C/O Kathleen Handley

Second Chance Wildlife Center

7101 Barcellona Drive

Gaithersburg, MD 20879