

**Wisconsin Wildlife Rehabilitators Association Membership Application/Renewal  
Memberships run January 1<sup>st</sup> through December 31<sup>st</sup>**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Organization \_\_\_\_\_

Rehabber Since \_\_\_\_\_

State Rehab License Y \_\_\_\_\_ N \_\_\_\_\_

Volunteer Y \_\_\_\_\_

N \_\_\_\_\_

Federal Rehab License Y \_\_\_\_\_

N \_\_\_\_\_

Volunteer Y \_\_\_\_\_

N \_\_\_\_\_

Species cared for: \_\_\_\_\_

Additional information to include: \_\_\_\_\_

I am willing to accept calls from the public

Y \_\_\_\_\_

N \_\_\_\_\_

I am willing to accept calls from other rehabilitators

Y \_\_\_\_\_

N \_\_\_\_\_

I want to be included in the WWRA directory

Y \_\_\_\_\_

N \_\_\_\_\_

(if nothing is checked, the assumption is Yes)

**Please accept my membership as follows:**

\_\_\_\_\_ Student Membership \$8 School you are attending \_\_\_\_\_

\_\_\_\_\_ Individual \$15

\_\_\_\_\_ Family/Organization \$25 (two representatives)

\_\_\_\_\_ Sponsor \$50

\_\_\_\_\_ Life \$200

\_\_\_\_\_ Additional donation of \$ \_\_\_\_\_

**Membership will be current through December 31<sup>st</sup>**

**New members joining in Oct-Dec will be extended through next year.**

**Please return this form with your payment to:**

**WWRA**

**Bay Beach Wildlife Sanctuary**

**1660 East Shore Dr.**

**Green Bay WI 54302**