



**CCWR**  
**Membership Application**  
**2009-2010**  
*(For membership through 3/10)*

**For Office Use**

Check # \_\_\_\_\_

Member # \_\_\_\_\_

Date rec'd \_\_\_\_\_

- Individual membership (\$15) Check one:  New Member  Renewal
- Organization membership (\$20) -- Includes benefits for 2 people from the same organization  New  Renewal

Name (or names, if Org.) \_\_\_\_\_

Licensed? Y N      Yrs of Experience \_\_\_\_\_      Rehab experience/specialty \_\_\_\_\_

Organization/Affiliation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

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

- Please send my newsletters and other communication via U.S. mail.

Organization's E-mail\*\* \_\_\_\_\_

*\*\* In order to save time and resources, e-mail is our preferred method of communicating. We do not share information.*

Educational topics you would like to see covered in the newsletter, symposium, etc: \_\_\_\_\_

I am interested in helping CCWR with: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Education/seminars | <input type="checkbox"/> Newsletter publication | <input type="checkbox"/> Awards/Grants                     |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Nominating             | <input type="checkbox"/> Serving on the Board of Directors |

Other ideas or interests you'd like to share with CCWR: \_\_\_\_\_

**Please make check payable to "Colorado Council for Wildlife Rehabilitation"**

**Mail to:**

**CCWR Membership**  
**PO Box 68**  
**Hygiene, CO 80533-0068**