Colorado Council for CCWR Wildlife Rehabilitation

For Office Use:

Ck #:_____

Member #:_____

Date Rec:_____

2012 CCWR
Membership Application
(Membership through Dec. 2012)

Membership Type

❑ *Individual*: ❑ New or ❑ Renewal ($20)

❑ *Organization*: ❑ New or ❑ Renewal ($30) *Includes benefits for 2 designated people from same org.*

Contact Information

Name:_____

Facility Name (if applicable):_____

Home Address:_____

Facility Address (if different):_____

Phone:_____ Email*: _____

**To save time and resources, email is our preferred method of communicating. We do not share your information and will not flood your inbox. ❑ Check here if US mail is preferred.*

IF Organization:

Name of 2nd member:_____

Home Address:_____

Facility Address (if different):_____

Phone:_____ Email:_____

❑ Check here if US mail is preferred (to save on printing and mailing costs, we like to use email whenever possible)

Rehabilitation Status (check all that apply):

❑ Provisionally licensed ❑ Fully licensed Yrs. of rehabilitation experience_____

❑ Student ❑ Volunteer Organization Affiliation/School:_____

Complimentary With <u>New</u> Memberships:

T-shirt: Size ❑ S ❑ M ❑ L ❑ XL ❑ No thanks ___ Add'l shirts purchased at $12 each: Size_____

Personalized Return Address Labels: ❑ Use Personal address(es) above

❑ Use Organizational address above

Educational topics/ideas you would like to see in the newsletter, symposiums, etc.

_____

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

❑ Education Seminars/Symposium ❑ Newsletter ❑ Awards/Grants

❑ Fundraising ❑ Board of Directors ❑ Nominating committee ❑ Membership committee

Other ideas or interests you would like to share with CCWR:

_____

Please send check payable to CCWR to: CCWR Membership, PO Box 68, Hygiene, CO 80533-0068