



OWREN MEMBERSHIP APPLICATION

Ontario Wildlife Rehabilitation and Education Network

(Membership year is 01 January to 31 December inclusive)

Today's Date: _____ New Membership Renewal

Make any changes/corrections as needed on this form

Name(s)					
Organization					
Affiliation					
Address					
City		Prov- State		P-Code Z-Code	
Phone	(HOME)	(WORK)		(CELL)	
Email					
Website				List my website <input type="checkbox"/> Yes <input type="checkbox"/> No	

DIRECTORY/WEBSITE LISTING - LICENCING OPTIONS

<input type="checkbox"/>	Check here to be listed in the OWREN Directory / websites as an Ontario Authorized Wildlife Custodian
<input type="checkbox"/>	Check here to be listed in the OWREN Directory / websites as the holder of a Canadian Wildlife Services Permit
<input type="checkbox"/>	Check here to be listed in the OWREN Directory/ websites to indicate that you are <u>licensed, actively rehabilitating, and admitting animals this year</u> <i>(select your species on reverse side)</i>

MEMBERSHIP LEVEL **Voting privileges limited to members 19 years of age, or older.*

Individual	One person; discounts for one; 1-yr. subscription to OWREN Network News; individual listing in the directory; *one vote.	<input type="checkbox"/> \$35.00
Family	Two persons in same family-same address; discounts for two; 1-yr sub. to OWREN Network News; directory listing; *two votes.	<input type="checkbox"/> \$55.00
Organization	Three persons from same organization; discounts for three; 1-yr sub. to OWREN Network News to org. address; directory listing; *one vote (primary org. member)	<input type="checkbox"/> \$80.00

2011 OWREN MEMBERSHIP DIRECTORY ORDER

Note: Directory <i>not</i> included with membership fee - sent separately when published	OWREN Directory/Member rate	<input type="checkbox"/> \$25.00
	OWREN Directory/Non-Member rate	<input type="checkbox"/> \$35.00

Donation* ---to support OWREN (<i>*Non-tax deductible donation</i>) Thank you!	Amount	\$
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <u>TOTAL ENCLOSED</u>		\$

Please complete all relevant sections on both sides of this application before mailing.
 Make cheque or money order payable to OWREN and mail completed application to:
OWREN Membership, c/o 461 Wright Street, Welland, ON L3B 2K6

↓ MNR SPECIES AUTHORIZATION

- check only the species that **you are legally authorized to rehabilitate** (for authorized custodians only).

<input type="checkbox"/> Birds (excluding raptors)
<input type="checkbox"/> Black Bear
<input type="checkbox"/> Carnivores–Lg (excluding black bear)
<input type="checkbox"/> Carnivores–Sm (excluding Rabies Vector Species)
<input type="checkbox"/> Mammals–Small (excluding Rabies Vector Species)
<input type="checkbox"/> Rabies Vector Species (raccoon, skunk, fox, bat)
<input type="checkbox"/> Raptors
<input type="checkbox"/> Reptiles & Amphibians
<input type="checkbox"/> Semi–Aquatic Mammals
<input type="checkbox"/> Ungulates
<input type="checkbox"/> Special notes

↓ GENERAL KNOWLEDGE & INFORMATION

- check all areas that you wish to share with others for listing in the OWREN Directory/Websites. If you are not authorized but have information and knowledge to share, select the areas here.

<input type="checkbox"/> Education
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Government
<input type="checkbox"/> Networking
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Standards
<input type="checkbox"/> Veterinarian or <input type="checkbox"/> Reg. Vet Tech
<input type="checkbox"/> Wildlife Conflict Resolution Service
<input type="checkbox"/> Wildlife Hotline
<input type="checkbox"/> Wildlife Removal Service
<input type="checkbox"/> Other

PRIVACY OPTIONS

<input type="checkbox"/> YES - <u>I want to be listed in the OWREN Membership Directory and/or website.</u> Listings contain only your name, city, and phone number. House number, street name and email addresses are not listed.
<input type="checkbox"/> NO - <u>Do not publish or list my info in the OWREN Directory and/or website.</u>
<input type="checkbox"/> YES - <u>I want my name and contact information to be shared</u> with related organizations for their rehabilitation information mailings or their rehabber contact lists.
<input type="checkbox"/> NO - <u>Do not share my name and contact information</u> with related organizations for their rehabilitation information mailings or their rehabber contact lists.

SIGNATURE

I verify that the information I have provided on this application is true.

Date _____ **Signature** _____

Privacy Disclosure

Personal information collected on this form is used to identify you for OWREN membership purposes and to send you informational mailings (or emails) about our educational events, opportunities and activities. It is never given, sold, distributed, or shared with anyone, unless you have specified otherwise. By indicating you wish to have the selected information published in OWREN's Membership Directory and/or related websites, you agree to allow us to print that information. These listings show only your name, telephone number, city, and any species you are authorized to accept for rehabilitation, as well as any knowledge, information, or experiences you have indicated you wish to share with others. For your protection, we do not publish or list email addresses or home addresses. You can request to be removed from our educational information list at anytime, in writing.

Complete all relevant sections on both sides of application.
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