



# OWREN MEMBERSHIP APPLICATION

## Ontario Wildlife Rehabilitation and Education Network

www.owren-online.org owren.online@gmail.com  
 (Membership year is 01 January to 31 December inclusive)

New Membership       Renewal

Date: \_\_\_\_\_

Rev.08-2017

Make any changes/corrections as needed on this form

Name(s)					
Organization					
Address					
City		Prov		P-Code	
Phone	(HOME)	(CELL)	Preferred phone number to use: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> BOTH <input type="checkbox"/> NONE		
Email					
Website					List my website <input type="checkbox"/> Yes <input type="checkbox"/> No

### AUTHORIZATION and/or PERMIT OPTIONS for Directory/Website Listing

<input type="checkbox"/>	Check to be listed in the OWREN Directory / website(s) as an <b>MNRF - Ontario Authorized Wildlife Custodian</b>
<input type="checkbox"/>	Check to be listed in the OWREN Directory / website(s) as a <b>Canadian Wildlife Service Permit Holder for migratory birds.</b>
<input type="checkbox"/>	Check to be listed in the OWREN Directory/ website(s) to indicate that you are <b>authorized or permitted AND actively rehabilitating/admitting</b> animals this year <i>(select species on reverse)</i>

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

<b>Individual</b>	<i>One person; discounts for one; 1-yr. sub. to OWREN Network News; individual listing in the directory; membership in OWREN-mail email group; *1 vote.</i>	<input type="checkbox"/> <b>\$35.00</b>
<b>Family</b>	<i>Two persons in same family-same address; discounts for two; 1-yr sub. to OWREN Network News; directory listing; membership in OWREN-mail email group; *2 votes.</i>	<input type="checkbox"/> <b>\$55.00</b>
<b>Organization</b>	<i>any 3 persons from same organization; discounts for any 3; 1-yr sub. to OWREN Network News to org. address; org. name directory listing; membership in OWREN-mail email group; *1 vote (primary member)</i>	<input type="checkbox"/> <b>\$80.00</b>

### OWREN MEMBERSHIP DIRECTORY ORDER

<b>Note: Directory is not included with membership fee</b> <i>- sent separately when published</i>	OWREN Directory/Member rate	<input type="checkbox"/> <b>\$25.00</b>
	OWREN Directory/Non-Member rate	<input type="checkbox"/> <b>\$40.00</b>
<b>Donation*</b> ---to support OWREN <i>(*Non-tax deductible donation)</i> <b>Thank you!</b>	<b>Amount</b>	<b>\$</b>
<input type="checkbox"/> Interac E-Transfer <input type="checkbox"/> PayPal Credit Card Invoice	<b>TOTAL ENCLOSED</b>	<b>\$</b>

Please complete all relevant sections on both sides of this application before submitting via email.

**We no longer accept cheques, nor mail in registrations.**

**↓ MNR SPECIES AUTHORIZATION**

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

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

**↓ GENERAL KNOWLEDGE & INFORMATION**

- check areas of experience that you wish to share with others for listing in the OWREN Directory/Website(s). If you are not authorized but have information and knowledge to share, select the areas here.

<input type="checkbox"/> Educational Presentations
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Veterinarian ( <i>you are a licensed veterinarian</i> )
<input type="checkbox"/> Wildlife Conflict Resolution Service
<input type="checkbox"/> Wildlife Hotline Operation
<input type="checkbox"/> Wildlife Removal Service <input type="checkbox"/> Yes I am a MNR Licensed Trapper
<input type="checkbox"/> Other

**PRIVACY OPTIONS** \*\*\*New\*\*\*

<input type="checkbox"/> <b>YES – List me in the OWREN Membership Directory and/or website(s).</b> Listings contain <b>only</b> your name, city, and phone number. House number, street name and *email address are <b>not</b> listed (*if you opt in, ONLY your email address and phone number will be used. We do not list home addresses or street names, etc. unless you are an organization and you indicate you want them listed below).
<input type="checkbox"/> <b>YES – List my email address in the OWREN Membership Directory and/or website(s).</b>
<input type="checkbox"/> <b>NO – DO NOT publish or list any of my info in the OWREN Directory and/or website(s).</b>
<input type="checkbox"/> <b>YES – Share my name and contact information</b> (name, city, phone number only, with related organizations for their rehabilitation information mailings or their rehabber contact lists. (email will be used only if specified above.)
<input type="checkbox"/> <b>NO – DO NOT share my name and contact information</b> with related organizations for their rehabilitation information mailings or their rehabber contact lists.

**SIGNATURE**

<i>I verify that the information I have provided on this application is true.</i>	
<b>Date</b>	<b>Signature</b>

**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 website(s), 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 address\* or home address, (\*unless you have specified that we use your email address above). You can request to be removed from our educational information list at any time, in writing.

Complete all relevant sections on both sides of this application.

Send Interac e-Transfer or PayPal Credit Card Invoice request and email form to: **owren.online@gmail.com**