

## IWRA MEMBERSHIP APPLICATION FORM

| Contact Details  |  |
|--|--|
| <b>Name &amp; Address</b>  |  |
| <b>Name &amp; Address of wildlife organisation/vet surgery</b><br><br><b>Charity no. if applicable</b>   |  |
| <b>Contact Number</b>  |  |
| <b>Email address</b>   |  |
| <b>Website</b><br><b>Social media platforms</b>  |  |
| <b>Please list wildlife species dealt with and specialist species care experience</b>  |  |
| <p><b><u>Rehabber/vet only</u></b></p> <p><b>Do you agree to have your contact details published on IWRA website under “rehabilitators/veterinarians”?</b></p> <p><b>If yes, please state exact wording for the site (e.g. what animals you are happy to care for/advice only/calls between 9am-6pm etc)</b></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |

| Type of Membership   |  |
|--|--|
| <p><b>Full Member</b><br/><b>(Rehabilitator or veterinary professional)</b></p> <p><b>For which organisation/surgery</b></p> |  |
| <p><b>Foster Member (licensed)</b></p> <p><b>For which organisation</b></p>  |  |
| <p><b>Volunteer Member</b></p> <p><b>For which organisation</b></p>  |  |

|  |   |
|--|---|
| <b>Have you completed or are studying any courses relevant to working with wildlife?</b>   |   |
| <b>Do you work full time or part time in wildlife rehab?</b>   |   |
| <b>What are your expectations from IWRA membership?</b>  |   |
| <b>Are disabled protected wild animals / birds held captive for their remaining life in captivity by you / your organisation</b> | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>Have you ever been convicted / cautioned by NPWS or An Garda Síochána</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

**Rehabbers only: Please send a copy of your captive licence from NPWS along with your application form. Thank you.**

I hereby consent to IWRA collecting my personal and organisation's data as provided on this Membership form. In line with GDPR regulations if membership is not renewed members may contact IWRA to delete their information from our database. IWRA will routinely delete all organisations and personal details held after 2 years.

I have read, understood and accept the terms and conditions stated and acknowledge that this agreement shall be effective upon myself and/or my organisation.

**Signed** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Affiliated organisation** \_\_\_\_\_

*Memberships run for one year and will renew by application yearly from March 1<sup>st</sup> each year.*

*Failure to renew membership by 30<sup>th</sup> April will result in membership being removed.*

*Please contact IWRA with any queries email [iwra.contact@gmail.com](mailto:iwra.contact@gmail.com)*