



MEMBERSHIP APPLICATION

Box 159 204 1440 52 Street NE Calgary, Alberta T2A 4T8 Hotline: 403.567.FRES (3737) Fax: 403.207.4761 Email: fres@shaw.ca Website: www.ferrets.ca

Member Information

Last name: _____ First name: _____ Home Ph: _____ Alt Ph: _____
 Address: _____ City/Prov: _____ Postal Code: _____
 Email: _____ Occupation: _____

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Experience

I own/have owned ferrets for _____ Years Months I rate my experience with ferrets as Novice Intermediate Above Average
 I have worked with ferrets that are: Severe Biters Moderate Biters Mild Biters Fear Biters
 I have helped special needs ferrets who have: Been Abused Adrenal Disease Aleutian Disease Virus (ADV) Cardiomyopathy ECE
 Insulinoma Lymphoma Recently Had Surgery Other _____
 Other information you feel would be beneficial: _____

Ferret Information

<u>Name</u>	<u>Age</u>		<u>Purchased From</u>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Descended	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Descended	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Descended	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Descended	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Descended	_____

*additional ferrets can be listed on the back of this form My veterinarian is: _____

Volunteering

FRES operates entirely by volunteer efforts; it is because of their generosity that FRES is able to continue helping ferrets. If you are interested in joining our team, please check off the areas that interest you and we will send you further details about the positions available.

Administration	<input type="checkbox"/> Data Entry <input type="checkbox"/> Phone Calls <input type="checkbox"/> Internet Research	Public Relations	<input type="checkbox"/> Hotline <input type="checkbox"/> Newsletter <input type="checkbox"/> Internet Research
Education	<input type="checkbox"/> Pet Store Information Tables <input type="checkbox"/> School Visits	Rescue Operations	<input type="checkbox"/> Adoption/Foster Screening (phone &/or home visits)
Fundraising/Events	<input type="checkbox"/> Organize &/or assist at events <input type="checkbox"/> Bingo/Casino		<input type="checkbox"/> Foster Program <input type="checkbox"/> Surrender Program
Member Relations	<input type="checkbox"/> Phone Calls <input type="checkbox"/> Promotions	Ferret Sitting	<input type="checkbox"/>

Availability: Weekdays Evenings Weekends Other _____ I am presently looking to adopt a ferret: Yes No
 I have a talent, trade, or educational background that could benefit FRES. Describe: _____

Fees & Payment

Annual - Family (two or more people) \$25 Annual - Out of Area \$10 Additional donation: \$ _____
 Annual - Single \$15 Annual - Junior (16 & under) \$10
Total Amount Paid: \$ _____
 CASH CHEQUE MONEY ORDER *A \$5 fee will be charged to issuers of NSF cheques.
 Cheques should be made payable to the "Ferret Rescue & Education Society." Please send application and membership fee to:
FRES Box 159 204 1440 52 St NE Calgary Alberta T2A 4T8

As a member of the Ferret Rescue & Education Society (FRES), I agree to abide by the Society bylaws and policies. The policy manual and bylaws can be viewed on our website at www.ferrets.ca.

Member 1 Signature: _____ Member 2 Signature: _____ Date: YY / MM / DD

Thank you for joining the Ferret Rescue & Education Society! You will receive your membership card in the mail within 2 weeks from the date payment is received.

Office Use Only	FRES Representative Signature: _____
Membership #: _____	Expiry Date: YY / MM / DD
Processing Date: YY / MM / DD	Receipt #: _____