

Membership No.

WILD-CER MEMBERSHIP FORM

1. Name: (Mr/Mrs/Ms/Dr) ………………………………………………………...……………………….
2. Date of Birth: Day………..Month ………..……Year…………………………………………………. Address………………………………………………………………...…………………………………..

………………………………………………………………………………………………………………

District……………………State……………………………Pin…………………………………………

1. Contact No.………………………………………………………………………………...……………...
2. E-mail…………………………………………………………………………………………...………….
3. Website: …………………………………………………………………………………..……….………
4. Occupation…………………………Designation………………………………………………………..
5. Academic qualification…………………………………………………………………………………...
6. Organization/ Institute……………………………………………………………………......................
7. Area of Interest: Mammals/ Aves/ Reptiles………………………………………………..................
8. Area of interest: Conservation/ Education/ Research/ Rescue……………………………………..
9. Experience (If any)………………………………………………………………………………………..
10. How would you like to contribute to Wild-CER…………………………………………....................

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Important instructions while filling up the membership form

1. Membership does not entitle you to keep, treat the wild animals in captivity.
2. Kindly email this form to wildcer@gmail.com with transaction id of the membership fee paid for online membership.
3. Please visit [www.wildcer.org](http://www.wildcer.org) for detail information about organization.
4. Membership fee: Rs. 1000/- for annual membership, 2500/- for 3 year.

Mail this form to: Or E-mail to:

Wild-CER, 202, A Wing, wildcer@gmail.com

Creative Homes, Phalke Layout,

Friends Colony, Near Katol Road,

Nagpur 440013

Amount Recd: Rs \_\_\_\_\_\_\_\_\_\_\_ DD/Cheque No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use:**