



# Membership Application Form Canadian Marine Animal Rescue Network (CMARN)

Oceanographic Environmental Research Society  
12 Burton Ave., Barrie, Ontario, Canada L4N 2R2



Name of Requesting Organization:

Status of organization:

NGO

Private

Registered Charity

Charity Number:

Organization Contact Name:

(Must be a Director/Officer/Legal Representative of Organization)

Address:

City:

Province/State:

Country:

Postal/Zip Code:

Telephone #:

(including country + area code)

Fax #:

(including country + area code)

Email:

Website:

Briefly describe the mandate of your group and facilities available: (also include any pamphlets etc)

Give examples of your recent work and location: (also include annual report or equivalent if available)

Reason for seeking membership in CMARN:

I agree that the above information is true and by signing this application on behalf of my organization that we agree to work together toward the goals and mandate of CMARN.

Print Name:

Signature:

Position:

Date:

(Day/Month/Year)

**PLEASE FILL IN ELECTRONICALLY, PRINT, SIGN, AND MAIL TO:  
OERS, 12 BURTON AVE., BARRIE, ONTARIO, CANADA, L4N 2R2**

***Internal Use Only***

File #: \_\_\_\_\_

Person Accepting Request: \_\_\_\_\_

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

Action Taken: \_\_\_\_\_