

**APPLICATION FOR MEMBERSHIP TO A DANGEROUS WILD ANIMAL RESPONSE TEAM**

**County:**

**Period of Appointment** (not to exceed 3 years)

**Effective Date:**

**End Date:**

**Contact Information**

**Name:**

**Organization:**

**Street Address:**

**City:**

**State:**

**Zip:**

**E-Mail:**

**Telephone:**

**Mobile:**

**Fax:**

**Discipline Represented**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Law Enforcement      | <input type="checkbox"/> Health                      | <input type="checkbox"/> Veterinarian                    |
| <input type="checkbox"/> Fire                 | <input type="checkbox"/> Media                       | <input type="checkbox"/> Public Health                   |
| <input type="checkbox"/> First Aid            | <input type="checkbox"/> Elected Official            | <input type="checkbox"/> Other: Click here to enter text |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Dangerous Wild Animal Owner |  |

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**County Commissioner's Signature**

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

\_\_\_\_\_  
**County Commissioner's Signature**

\_\_\_\_\_  
**County Commissioner's Signature**