

### > Personal Information

Mr  Ms  Dr

Name (First & Last)

Title

Work  Home

Mailing Address

City

State

Zip Code

Phone

Fax

Email

Employer's Name

### > Type of Application

Membership category eligibility is based on employment status; please refer to specific category eligibility requirements before submitting your application.

AZA memberships are based on a calendar year, January 1 through December 31. Prices are current through 2012.

DUES	Full Dues	Prorated Dues* <small>(Join Date: July 1 - September 30)</small>
Associate	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$35.00
Professional Affiliate	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$47.50
Professional Fellow	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$97.50

*\*If you wish to attend the Annual Conference at the member rate and are joining after June 30, you must pay the full year's membership dues. The membership will expire December 31, 2012.*

Please complete and sign this application and return it with check or money order to:

AZA Membership  
PO Box 79863  
Baltimore, MD 21279-0863

#### Contact

Phone: 301-562-0777  
Fax: 301-562-0888  
Email: membership@aza.org

### > Eligibility Requirements

**Associate:** Zoo and aquarium professionals and other interested parties without a commercial interest in zoos or aquariums. Employees of commercial entities that provide products or services to the zoological industry may not hold individual membership unless the commercial entity is also a member.

**Professional Affiliate:** Individuals working at an AZA member organization, either part- or full-time. Employment must be verified by CEO.

**Professional Fellow:** Individuals working at an AZA Institution, Related Facility, or Conservation Partner member in a management capacity. Employment and management capacity must be verified by the CEO.

*Management positions are those that participate in the decision-making processes that influence and direct the operations, planning, purposes and goals of the organization.*

### > Eligibility & Employment Verification

All applicants **must** answer the following question:

- Yes  No Do you work for, or own, a company that provides products or services to zoos or aquariums?  
If yes, attach a description of the products or services provided.

#### For Professional Affiliate applicants:

Employment status verified by:

\_\_\_\_\_ print name of CEO

\_\_\_\_\_ Signature of CEO

#### For Professional Fellow applicants:

Employment status verified by:

\_\_\_\_\_ print name of CEO

\_\_\_\_\_ Signature of CEO

### > Ethical Agreement

(Documents available at <http://www.aza.org/Ethics/>)

I hereby make application for membership in AZA. If elected, I will abide by the Association's Code of Professional Ethics, Charter & Bylaws and duly adopted resolutions, and support its objectives. I understand that any conduct prejudicial to or in violation of the above will be cause for revocation of my membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_