

› Personal Information

Mr Ms Dr

Name (First & Last)

Title

AZA Institution

Phone

Fax

Email

Current AZA Membership Number

› 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 2010.

CATEGORY UPGRADE

upgrade from **Associate to Professional Affiliate**

upgrade from **Associate to Professional Fellow**

upgrade from **Professional Affiliate to Professional Fellow**

Full Dues*

add \$25.00

add \$125.00

add \$100.00

**Between October 1 & July 1 add the upgrade fee above to the amount on your invoice. The total amount enclosed should be \$70, \$95 or \$195.*

› Eligibility

Professional Affiliate:

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

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 or Director.

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

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 & 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 or Director

Signature of CEO or Director

For Professional Fellow applicants:

Employment status verified by:

Print Name of CEO or Director

Signature of CEO or Director

› 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: _____