

# Professional Individual MEMBERSHIP APPLICATION



## CONTACT INFORMATION

Name _____		Job Title _____
Organization/Employer _____		<input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed
Preferred Mailing Address: <input type="checkbox"/> Organization <input type="checkbox"/> Home		
Street Address _____		
City _____	State _____	Zip _____
Work Email ( <input type="checkbox"/> preferred) _____	Personal Email ( <input type="checkbox"/> preferred) _____	Date of Birth _____
Work Phone ( <input type="checkbox"/> preferred) _____	Home/Cell Phone ( <input type="checkbox"/> preferred) _____	Fax _____
Highest Degree Earned _____	Academic Institution _____	Graduation Date _____

## MEMBERSHIP LEVELS & VERIFICATION

*AZA memberships are based on a calendar year, January 1-December 31.*

- **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.**
- **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 on December 31st.**

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

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

### PROFESSIONAL FELLOW \$195 \$97.50 *(Join Date July 1-Sept 30)*

Open to individuals working at an AZA Institution, Related Facility, or Conservation Partner member in a management capacity. **Employment and management capacity must be verified by 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.

▶ CEO Name: \_\_\_\_\_ CEO Signature: \_\_\_\_\_

### PROFESSIONAL AFFILIATE \$95 \$47.50 Prorated Dues *(Join Date July 1-Sept 30)*

Open to individuals working at an AZA member organization either full or part time. **Employment must be verified by CEO**

▶ CEO Name: \_\_\_\_\_ CEO Signature: \_\_\_\_\_

### PROFESSIONAL ASSOCIATE \$80 \$40 Prorated Dues *(Join Date July 1-Sept 30)*

Open to zoo/aquarium professionals and other interested parties without a commercial interest in zoos or aquariums.

## PAYMENT & ETHICAL AGREEMENT

Documents available at [www.aza.org/ethics](http://www.aza.org/ethics)

Name on card: \_\_\_\_\_  VISA  Mastercard  AMEX

Card #: \_\_\_\_\_ Exp & CVV: \_\_\_\_\_

Billing Address: (if different than mailing) \_\_\_\_\_

▶ Signature: \_\_\_\_\_

**Please complete and return signed application with check or credit card information to:**

AZA Membership  
8403 Colesville Road, Suite 710  
Silver Spring, MD 20910

**Contact Us:**

P: 301-562-0777 F: 301-562-0888  
membership@aza.org

I hereby make application for membership in AZA. If approved, 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 \_\_\_\_\_