



SOUTHEAST ASIAN ZOOS & AQUARIUMS ASSOCIATION AFFILIATE/ASSOCIATE MEMBERSHIP APPLICATION FORM

NAME OF INSTITUTION / INDIVIDUAL APPLICANT	
BUSINESS ADDRESS	
EMAIL ADDRESS	CONTACT NUMBER

***FOR INSTITUTIONAL APPLICANTS**

OFFICIAL REPRESENTATIVE TO SEAZA	OFFICIAL DESIGNATION
EMAIL ADDRESS	CONTACT NUMBER

<i>FOR INSTITUTIONS, PLEASE BRIEFLY DESCRIBE NATURE OF BUSINESS/OPERATION</i>	<i>FOR INDIVIDUALS, PLEASE PROVIDE CONCISE INFORMATION ON CURRENT WORK/ENDEAVOR</i>

FOR INSTITUTIONS, PLEASE ATTACH THE FOLLOWING DOCUMENTS UPON SUBMISSION OF THIS FORM:

- *LETTER OF INTENT to join SEAZA
- *Information materials with institutional profile (e.g., brochure, flyer, articles, write-up, etc.)
- *Valid government-issued business/operation permit
- *OFFICIAL REPRESENTATIVE's appointment document/s by the institution's board or upper management

FOR INDIVIDUALS, PLEASE ATTACH THE FOLLOWING DOCUMENTS UPON SUBMISSION OF THIS FORM:

- *LETTER OF INTENT to join SEAZA
- *Copy of PROFESSIONAL LICENSE or DOCUMENTARY PROOF OF WORK/ENDEAVOR

I HEREBY CERTIFY THAT THE ABOVE-DETAILED INFORMATION ARE TRUE AND CORRECT:

NAME	SIGNATURE
DATE ACCOMPLISHED/SUBMITTED:	