



**SOUTHEAST ASIAN
ZOOS & AQUARIUMS
ASSOCIATION**

SOUTHEAST ASIAN ZOOS & AQUARIUMS ASSOCIATION INSTITUTIONAL MEMBERSHIP APPLICATION FORM

NAME OF INSTITUTION	
INSTITUTION ADDRESS	
EMAIL ADDRESS	CONTACT NUMBER
DATE OF ESTABLISHMENT	DATE OPENED TO THE PUBLIC

OFFICIAL REPRESENTATIVE TO SEAZA	OFFICIAL DESIGNATION
EMAIL ADDRESS	CONTACT NUMBER

COLLECTION	MAMMALS	BIRDS	REPTILES	AMPHIBIANS	FISHES	INVERTEBRATES
Number of Species						
Number of Specimens						

NUMBER OF ZOOKEEPERS	NUMBER OF VETERINARIANS
SELECT WHICH BASIC ANIMAL CARE FACILITIES ARE EXISTING IN YOUR INSTITUTION	
ANIMAL CLINIC/HOSPITAL	FOOD/FEED STORAGE & PROCESSING
QUARANTINE	WASTE MANAGEMENT

PLEASE ATTACH THE FOLLOWING DOCUMENTS UPON SUBMISSION OF THIS FORM:

- *LETTER OF INTENT to join SEAZA
- *LETTER OF CERTIFICATION & ENDORSEMENT from the National Zoo Association of applicant's country
- *Information materials with institutional profile (e.g., brochure, flyer, articles, write-up, etc.)
- *Valid government-issued business/operation permit + documentary proof of annual operating budget
- *OFFICIAL REPRESENTATIVE's appointment document/s by the institution's board or upper management
- *FULL LIST of SPECIES in Collection

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

NAME	SIGNATURE
DATE ACCOMPLISHED/SUBMITTED:	