



## SEAZA MEMBERSHIP APPLICATION FORM

Institutional

<b>NAME OF INSTITUTION</b>	
<b>INSTITUTION ADDRESS</b>	
<b>EMAIL ADDRESS</b>	<b>CONTACT NUMBER</b>
<b>DATE OF ESTABLISHMENT</b>	<b>DATE OPENED TO THE PUBLIC</b>

<b>OFFICIAL REPRESENTATIVE TO SEAZA</b>	<b>OFFICIAL DESIGNATION</b>
<b>EMAIL ADDRESS</b>	<b>CONTACT NUMBER</b>

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

<b>NUMBER OF ZOOKEEPERS:</b> ____	<b>NUMBER OF VETERINARIANS:</b> ____
<b>SELECT WHICH BASIC ANIMAL CARE FACILITIES ARE EXISTING IN YOUR INSTITUTION</b>	
<input type="checkbox"/> ANIMAL CLINIC/HOSPITAL	<input type="checkbox"/> FOOD/FEED STORAGE & PROCESSING
<input type="checkbox"/> QUARANTINE	<input type="checkbox"/> WASTE MANAGEMENT

**PLEASE ATTACH THE FOLLOWING DOCUMENTS UPON SUBMISSION OF THIS FORM:**

- \*LETTER OF INTENT to join SEAZA
- \*Endorsement from NATIONAL/REGIONAL/GLOBAL ZOO ASSOCIATION where INSTITUTION is a member
- \*OFFICIAL REPRESENTATIVE's appointment document/s by the institution's board or upper management
- \*Information materials with institutional profile (e.g., brochure, flyer, articles, write-up, etc.)
- \*Valid government-issued business/operation permit
- \*FULL LIST of SPECIES in Collection

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

<b>NAME</b>	<b>SIGNATURE</b>
<b>DATE ACCOMPLISHED/SUBMITTED:</b>	