



SEAZA MEMBERSHIP APPLICATION FORM

Affiliate | Corporate | Individual

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

***FOR INSTITUTION/CORPORATE APPLICANTS**

OFFICIAL REPRESENTATIVE TO SEAZA	OFFICIAL DESIGNATION
EMAIL ADDRESS	CONTACT NUMBER

FOR INSTITUTIONS AND CORPORATIONS, PLEASE BRIEFLY DESCRIBE NATURE OF BUSINESS/OPERATION	FOR INDIVIDUALS, PLEASE PROVIDE CONCISE INFORMATION ON CURRENT WORK/ENDEAVOR

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

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

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

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

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

NAME	SIGNATURE
DATE ACCOMPLISHED/SUBMITTED:	