



SEAZA MEMBERSHIP APPLICATION FORM

International Institutional

Fill out this form if you are an institution located **outside** the Southeast Asian region (i.e., from ASEAN member-states), Hong Kong, and Taiwan.

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			
<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 as an International Institutional Member
- *Endorsement from NATIONAL/REGIONAL/GLOBAL ZOO AND AQUARIUM ASSOCIATION where INSTITUTION is a member (if applicable)
- *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
- *Document certifying the Institution's Operational Budget

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

NAME	SIGNATURE
DATE ACCOMPLISHED/SUBMITTED:	