

## SEAZA MEMBERSHIP APPLICATION FORM

Institutional

Fill out this form if you are an institution **within** the Southeast Asian region (i.e., from ASEAN member-states), Hong Kong, or 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:	
SELEC	SELECT WHICH BASIC ANIMAL CARE FACILITIES ARE EXISTING IN YOUR INSTITUTION		
	ANIMAL CLINIC/HOSPITAL	FOOD/FEED STORAGE & PROCESSING	
	QUARANTINE	WASTE MANAGEMENT	

Does your institution implement internal animal welfare standards? Yes \_\_ No \_\_

Do you have any conservation programs for any species? Yes  $\_$  No  $\_$ 

If you have conservation programs in place, specify which species: \_\_\_\_\_

How do you keep records of husbandry, diet,	clinical history, etc.? Manual Digital
	N -

Are you a member of Species360? Yes \_\_\_\_ No \_\_\_

Do you have any zoo education programs in place? Yes \_\_\_\_ No \_\_\_\_

- If you have education programs, briefly describe:

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

\*LETTER OF INTENT to join SEAZA

\*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:	

80 Mandai Lake Road, Singapore 729826 UEN: T21SS0081L