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	__ / ___ / _____ DD MM YYYY	**DATE OPENED TO THE PUBLIC**	__ / ___ / _____ DD MM YYYY

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

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 ___
- 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 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:	