

Commercial MEMBERSHIP APPLICATION



COMPANY INFORMATION

Company Name		Division/Alias (if applicable DBA or other public trade name)	
Primary AZA Contact Name		Title	
Work Email Address (Primary Contact)	Work Phone	Home/Cell	
Organization Mailing Address			
City	State	Zip	
Organization Main Phone Line	Organization Main Email (may be generic, ex: membership@aza.org)	Website	

MEMBERSHIP LEVELS & VERIFICATION

AZA memberships are based on a calendar year, January 1-December 31.

- If you wish to exhibit at the Annual Conference, and are joining after June 30, you must pay full dues. The membership will expire on December 31st.
- Companies renewing or reinstating membership are NOT eligible for prorated dues.

► Does this company own or hold animals as a function of its business? Yes No

COMMERCIAL MEMBER \$1,500 \$750 Prorated Dues (Join Date July 1-Sept 30)

MICROENTERPRISE \$750 \$375 Prorated Dues (Join Date July 1-Sept 30)

► To determine if your company qualifies for the Microenterprise dues discount, or for any questions regarding Commercial membership, please contact gvelosky@aza.org

DESCRIPTION OF PRODUCTS & SERVICES (Attach additional page if needed)

Specializations: (check all that apply)

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Animal Care Supplies | <input type="checkbox"/> Concessionaire | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Master Planner | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Animal Food Supplier | <input type="checkbox"/> Conservation/Education Programs | <input type="checkbox"/> Film/Theatre | <input type="checkbox"/> Membership Services | <input type="checkbox"/> Tour Operator |
| <input type="checkbox"/> Animal Transaction
(consultant/relocation services) | <input type="checkbox"/> Construction Management | <input type="checkbox"/> Flooring | <input type="checkbox"/> Promotional Services | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Aquatic Supplies/Services | <input type="checkbox"/> Consultant | <input type="checkbox"/> Gift Shop Merchandiser | <input type="checkbox"/> Publisher | <input type="checkbox"/> Traveling Exhibits |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Designer | <input type="checkbox"/> Insurance Broker | <input type="checkbox"/> Recycling | <input type="checkbox"/> Visitor Services |
| <input type="checkbox"/> Biofacts | <input type="checkbox"/> Equipment/Suppliers/Materials | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Rides/Transport | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Business Management Services | <input type="checkbox"/> Enclosures/Containment | <input type="checkbox"/> Landscape/Horticulture | <input type="checkbox"/> Sanitation | |
| | <input type="checkbox"/> Exhibit Fabricator | <input type="checkbox"/> Life Support | <input type="checkbox"/> Sculptor/Artist | |
| | | | <input type="checkbox"/> Signage | |
| | | | <input type="checkbox"/> Software/Technology/Web | |

3 Key Additional Staff:

Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____

PAYMENT & ETHICAL AGREEMENT

Documents available at www.aza.org/ethics

Name on card: _____ VISA Mastercard AMEX

Card #: _____ Exp & CVV: _____

Billing Address: (if different than mailing) _____

► Signature: _____

Please complete and return signed application with check or credit card information to:

AZA Membership
8403 Colesville Road, Suite 710
Silver Spring, MD 20910

Contact Us:

P: 301-562-0777 F: 301-562-0888
membership@aza.org

If approved, we will abide by the Association's Code of Professional Ethics, Charter & Bylaws, and all duly adopted resolutions and support its objectives. We understand that any conduct prejudicial to or in violation of the above will be cause for revocation of our membership.

Signature

Date