

Student MEMBERSHIP APPLICATION



CONTACT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Home/Cell Phone _____ Date of Birth _____

Accredited Degree Granting College or University _____

Area of Study/Degree _____ Anticipated Graduation Date _____

MEMBERSHIP LEVELS & VERIFICATION

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

Open to individuals who are preparing for a career in zoos and aquariums and are currently enrolled full or part time at an accredited degree-granting college or university. A student shall not be employed full time by a zoo or aquarium.

All applications **MUST** be accompanied by a copy of a valid, current student ID for an accredited degree-granting college or university.

If you wish to attend the Annual Conference at the member rate, and are joining after June 30, you must pay the full year's membership dues. The membership will expire on December 31st.

All applicants **MUST** answer the following questions:

▶ Do you work for, or own a company that provides products or services to zoos or aquariums? Yes No

If YES, please attach a description of the products or services provided.

▶ Do you work for a zoo or aquarium? Yes No If YES, Full-time Part-time Volunteer / Docent

Please provide the name of zoo or aquarium: _____

STUDENT \$40 \$20 Prorated Dues (Join Date July 1–Sept 30)

STUDENT + CONNECT SUBSCRIPTION (monthly magazine) \$60 \$30 Prorated Dues (Join Date July 1–Sept 30)

PAYMENT & ETHICAL AGREEMENT

Documents available at www.aza.org/code-of-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

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

Signature _____

Date _____