

Society Partner ORGANIZATION MEMBERSHIP APPLICATION



- Open to organizations that are directly associated with an AZA-accredited member and are endorsed by the CEO of the associated institution. Organizations which are directly associated with non-institution members are not eligible for membership until the respective institution becomes an AZA-accredited member. Society Partner members shall not own or hold animals except as an official function with an associated accredited member.
- AZA membership is based on a calendar year, January 1 – December 31. Prorated dues are available for applications submitted July 1 – Sept 30. Companies renewing or reinstating membership are NOT eligible for prorated dues. MUST pay full member dues if attending or exhibiting at the Annual Conference.
- If you have any questions, contact AZA Member Services at P: 301-562-0777 F: 301-562-0888 membership@aza.org

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

* Question is required.

MEMBERSHIP

Society Partner \$575 \$287.50 (prorated dues if joining July 1 – Sept 30)

Endorsement of the AZA-accredited member CEO

CEO Name: _____ CEO Signature: _____

COMPANY INFORMATION

Organization Name _____

Primary 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 _____ Website _____
(may be generic, ex: membership@aza.org)

3 Key Additional Staff:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

PAYMENT

Please return signed application with payment information to:
AZA Membership, 8403 Colesville Road, Suite 710, Silver Spring, MD 20910

Visa Mastercard AMEX _____
Name on card

Card Number _____ Exp & CVV _____

Billing Address *(if different than mailing)* _____

Signature _____ Date _____

ETHICAL AGREEMENT

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

Signature _____

Date _____