



ABMA MEMBERSHIP FORM

New Member Renewal

Advancing behavior management to enhance the husbandry and welfare of animals.

(Please Type or Print Clearly Using Ink Pen)

NAME: First _____ M _____ Last _____

JOB TITLE _____

COMPANY _____

ADDRESS _____ Apt/Ste _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____ PHONE _____

EMAIL _____

How did you hear about ABMA _____ Exclude email from online directory

MEMBERSHIP LEVELS (Please select one)

- Professional Member- \$55 ...Shall be persons who have been actively participating in the training, husbandry, and/or management of animals, regardless of taxa, for no less than thirty-six (36) months immediately preceding the date of application. Professional members shall have the right to vote, hold elective office, chair a committee, and serve on committees.

- Active Member- \$50 ...Shall be persons who have been actively participating in the training, husbandry, and/or management of animals, regardless of taxa, for no less than twelve (12) months immediately preceding the date of application. Active members shall have the right to vote, chair a committee, and serve on committees.

- Associate Member- \$45 ...Shall be persons who are interested in the objectives of the ABMA and intend to support them. Associate members may serve on committees.

- Emeritus Member- \$50 ...Shall be persons who at one time qualified, or would have qualified, for Professional membership but are now retired or are no longer actively involved in animal behavior management. Emeritus members shall have the right to vote, chair a committee, and serve on committees.

- Lifetime Professional Membership- \$450 ...This membership level requires qualifications for Professional membership and will retain Professional membership status in the ABMA for the life of the individual.

(Applicant's signature)

(Date)

Payment for ABMA membership is accepted by check or credit card.

Please make checks out to "ABMA". Non-US members, please pay by international bank draft or money order drawn on a US bank.

Credit Card Information

Type (please circle) Visa MasterCard Discover

Card Number _____

Expiration Date _____

CSC (3 digit code) _____

Card Member Signature _____

Please mail the completed membership form and payment to:

ABMA
ATTN: CFO, Susie Ekard
C/O San Diego Zoo Safari Park
15500 San Pasqual Valley Rd
Escondido, CA 92027