



USZA Membership Application

First Name _____ Last Name _____

Spouse/Partner _____

Family/Staff _____

Family/Staff _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email Address _____

What species of exotic animals do you care for?

Primates Felines Birds Herbivores Hoofstock Bears

Other _____

Would you like to join the USZA Yahoo Groups? Yes No

If yes, what email would you like to use? _____

What type of membership are you applying for?

Single Membership for \$25.00

Couple Membership for \$30.00

By signing this membership application you state that you believe in the right to the responsible ownership of exotic and alternative animals. You have visited the USZA web site www.USZA.us and agree with the mission statement and agree to become a member in good standing. USZA reserves the right to refuse any membership application based on any reason.

Applicant Signature _____ Date _____

Please mail this application along with your check or money order to the address below

USZA Membership
Sherry DeWald
3623 Stearns Park Rd.
Valrico, FL 33596