

Redwood Coast American Association of Zookeepers
Application for Membership

Name _____ Date ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ Email _____

Why do you want to join RCAAZK?

What areas of RCAAZK activities are you interested in?

____ Conservation ____ Education ____ Fundraising ____ Admin
____ Other: _____

Do you have any experience that would be helpful in your areas of interest?

*Are you currently a dues-paying member of the National AAZK? **YES NO***
*If not, are you willing to become one? **YES NO***

*Please return your completed application to:
RCAAZK, 3414 W St., Eureka, CA 95503*

FOR OFFICIAL USE ONLY

PD _____ ENT _____ DT ____/____/____ EXP ____/____/____