



NORTH AMERICAN PRIMATE SANCTUARY ALLIANCE

FULL MEMBERSHIP APPLICATION

SANCTUARY LEGAL NAME _____

AKA _____

ADDRESS _____

ADDRESS (line 2) _____

CITY _____ STATE _____ COUNTRY _____

ZIP OR POSTAL CODE _____

WEBSITE : _____

USDA LICENSE # (if US sanctuary) _____

CANADA/MEXICO LICENSE # (if Canadian or Mexican sanctuary) _____

STATE/PROVINCIAL PERMIT # (if applicable) _____

YEAR ESTABLISHED OR FOUNDED _____

FOUNDER _____

Please attach your organization's 501(c)(3) determination letter.

WHAT ARE THE DATES OF YOUR FISCAL YEAR? FROM _____ TO _____

ANNUAL BUDGET FOR CURRENT FISCAL YEAR _____

ADMINISTRATION & STAFF

BOARD

CHAIR _____

PHONE: _____ EMAIL _____

TOTAL NUMBER OF BOARD MEMBERS _____ (*PLEASE ATTACH LIST OF DIRECTORS & OFFICERS FOR CURRENT YEAR*)

CEO/EXECUTIVE

DIRECTOR _____

PHONE: _____

EMAIL ADDRESS: _____

PRIMATE CARE

MANAGER _____

PHONE _____ EMAIL _____

SENIOR

VETERINARIAN _____

PHONE _____ EMAIL _____

Is your veterinarian a full-time employee, part-time employee, independent contractor, or other? If other, please explain. _____

NUMBER OF FULL TIME EMPLOYEES _____

NUMBER OF PART TIME EMPLOYEES _____

HOW MANY EMPLOYEES ARE DIRECT *PRIMATE* CAREGIVERS? _____

HOW MANY TOTAL VOLUNTEERS? _____

HOW MANY VOLUNTEERS ARE DIRECT *PRIMATE* CAREGIVERS? _____

MEMBERSHIP CRITERIA

You must be accredited by GFAS to be eligible for full membership. Please attach GFAS accreditation letter.

ARE YOU ACCREDITED BY ANY OTHER ORGANIZATION? *(If yes, please list the organization and date of accreditation.)* _____

DO YOU HAVE A WRITTEN PRIMATE ACCEPTANCE POLICY? _____ *(If yes, please attach.)*

DO YOU HAVE A WHISTLEBLOWER/ETHIC COMPLAINT POLICY? *(If yes, please attach.)*

NAPSA'S VALUES ARE:

STEERING COMMITTEE

NAPSA is governed by a Steering Committee that is populated based on the current policy (provided). If a position is available for your sanctuary to be represented on the Steering Committee, who in your organization do you select to serve on the Steering Committee?

_____	_____
Name	Title

Each Steering Committee member may designate an alternate to stay up to speed on NAPSA business and step in in the event that an SC member is not available. Please designate your selected alternate, if you so choose.

_____	_____
Name	Title

VALUES

1. Respect
2. Integrity
3. Transparency
4. Accountability
5. Professionalism
6. Promoting excellence
7. Cooperation

DO YOU FOLLOW THESE VALUES IN YOUR SANCTUARY PRACTICES? _____

PLEASE CHECK ALL THAT APPLY TO YOUR FACILITY:

_____ We rescue and provide shelter and care for primates that have been abused, injured, abandoned or are in need of a permanent home.

_____ We do not breed at the sanctuary and have implemented birth control protocols for all residents.

_____We do not accept more residents than we can afford to be fiscally responsible for.

_____We do not engage in commercial trade of animals.

_____We only permit non-invasive research that directly benefit non-human primates, are observational or do not require anesthetic events in addition to health checks, and do not interfere with the normal daily activities of individual primates.

_____We do not allow primates or other dangerous wildlife to be removed from the sanctuary for purposes of fundraising, exhibition, education, or research.

_____We do not allow direct contact between the public and the sanctuary primates or other non-domesticated species.

_____Our residents are not used for entertainment.

_____All guests are escorted or monitored during tours or other special events.

CODE OF CONDUCT

1. Abide by, uphold and promote NAPSA membership requirements
2. Act within and uphold applicable laws
3. Be vigilant and aware of potential for misconduct
4. Maintain high standards
5. Operate within an ethic of continuous improvement
6. Interact with other members in a respectful and professional way
7. Abide by NAPSA Conflict of Interest Policy
8. Act with fairness in relations with staff, volunteers, vendors and partners
9. Place a strong emphasis on safety and security for the well-being of primate residents, staff and visitors
10. Demonstrate a commitment to the welfare of captive primates
11. Maintain the integrity and reputation of NAPSA
12. Provide procedures for receiving, investigating and addressing complaints, grievances, or other feedback
13. Transfer primate residents only if in their best interest and only to another NAPSA sanctuary.

DO YOU AGREE TO ABIDE BY THIS CODE OF CONDUCT? _____

By signing this application, I certify that all statements above are true.

EXECUTIVE DIRECTOR OR PRESIDENT

DATE

PLEASE ATTACH THE FOLLOWING:

- _____ USDA LICENSE
- _____ STATE PERMIT (if applicable)
- _____ LIST OF BOARD OF DIRECTORS
- _____ MOST RECENT ANNUAL REPORT
- _____ CURRENT LITERATURE ABOUT YOUR SANCTUARY (E.G. BROCHURES, NEWSLETTER)
- _____ PRIMATE ACCEPTANCE POLICY
- _____ IRS DETERMINATION LETTER
- _____ GFAS ACCREDITATION LETTER

All applications are reviewed by the NAPSA Membership Committee. A representative of the Membership Committee may contact the applicant for additional information. Sanctuaries which do not meet all criteria for full membership may be considered for transitional or introductory membership, with the expectation that the applicant will meet conditions for the next membership level within one year.

Sanctuaries admitted into NAPSA Membership will be required to agree to abide by the NAPSA Code of Conduct, and pay annual membership dues.

MEMBERSHIP DUES FOR FULL MEMBERS:

SANCTUARY MEMBER	ANNUAL BUDGET TO \$1,000,000	\$2500 ANNUALLY
	ANNUAL BUDGET \$1,000,001 TO \$3,000,000	\$3000 ANNUALLY
	ANNUAL BUDGET ABOVE \$3,000,000	\$3500 ANNUALLY
NAPSA FOUNDING MEMBERS		\$3500 ANNUALLY