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?_____

SANCTUARY RESIDENTS

TOTAL NUMBER OF PRIMATES HOUSED_____

LIST PRIMATE SPECIES AND NUMBERS OF EACH *(attach an additional sheet if needed)*

COMMON NAME	SCIENTIFIC NAME	NUMBER OF INDIVIDUALS

DO YOU PROVIDE CARE FOR ANIMALS OTHER THAN PRIMATES? _____

IF YES, WHAT SPECIES? (Common names, number of individuals)_____

_____

_____

_____

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:

Sanctuaries with budgets between $0 - $250k: $250
Sanctuaries with a budget above $250k to $500k: $500
Sanctuaries with a budget above $500k to $1M: $1,000
Sanctuaries with a budget above $1M to $4M: $3,500
Sanctuaries with a budget above $4M: $4,500