NORTH AMERICAN PRIMATE SANCTUARY ALLIANCE

INTRODUCTORY MEMBERSHIP APPLICATION

SANCTUARY LEGAL NAME_____

AKA _____

ADDRESS_____

ADDRESS (line 2)_____

CITY_____STATE_____ COUNTRY_____

ZIP OR POSTAL CODE_____

WEBSITE :_____

USDA LICENSE # (if US sanctuary)_____
(*If USDA license is not yet in place, indicate your status in the process of becoming licensed)*

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

STATE/PROVINCIAL PERMIT # (if applicable)_____

YEAR ESTABLISHED OR FOUNDED_____

FOUNDER_____

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

ANNUAL BUDGET FOR CURRENT FISCAL YEAR_____

ADMINISTRATION & STAFF

Introductory members may not yet have filled many of the positions listed below. Only fill in what is applicable.

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 (or comparable)
_____

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

Introductory members may not yet have primate residents. If you do not yet have residents, please attach a brief summary of your planned residents (species, number, source) and any agreements you may have already made to take residents at a later date.

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

Introductory members must be within one year of meeting the requirements of transitional NAPSA membership. If an organization has been an Introductory member for more than one year and has not yet met the requirements for transitional membership, the organization will be asked to leave NAPSA and return when able to meet the requirements.

DO YOU CERTIFY THAT YOU BELIEVE YOUR ORGANIZATION IS WITHIN ONE YEAR OF MEETING THE REQUIREMENTS OF TRANSITIONAL MEMBERSHIP? _____

ARE YOU ACCREDITED BY GFAS? (*If yes, please attach accreditation letter. If no, please indicate where you are in the process)*

_____

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.)*

STEERING COMMITTEE

NAPSA is governed by a Steering Committee that is populated based on the current policy (provided). Please note that introductory members are not eligible to serve on the Steering Committee.

NAPSA'S VALUES ARE:

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 (CURRENT OR PLANNED):

☐ 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

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 the criteria for transitional membership may be considered for 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 INTRODUCTORY MEMBERS: $250 ANNUALLY

PLEASE ATTACH THE FOLLOWING (if applicable):

☐ 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