

# Aria Herpetological Institute Membership Form



## Personal Information

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Mid name: \_\_\_\_\_ Last name: \_\_\_\_\_

Gender: Female  Male  Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of residence: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Last educational background:

Student  B.Sc  M.Sc  Ph.D  in: \_\_\_\_\_

## Contact Information

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Important note: Please use [+ (country code)-(Area code)-number] format.

e-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Membership Information

**Membership type:** Common  Student  Honorary

**Field of expertise:** All herps  Lizards  Snakes  Turtles&Tortoises

Crocodylians  Frogs&Toads  Newts&Salamanders  Others: \_\_\_\_\_

Biology  Ecology  Conservation  Captive breeding  Hobby

**Area of Cooperation:** Scientific studies  Fieldworks  Educational programs

Workshops  Exhibitions  Newsletter writing  Photography/Movie making

Others : \_\_\_\_\_

Any special skills or resources you might be willing to offer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that the information provided by me in this form is true and I will inform ARIA if any of those changed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_