



Canadian Embryo Transfer Association
Association Canadienne de Transfert d'Embryons

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P.O. Box 39, Kemptville, Ontario, Canada K0G 1J0

APPLICATION FOR CETA/ACTE MEMBERSHIP
FISCAL YEAR: MAY 01- APRIL 30

***DO NOT include contact information on your membership application that you do not want made public.**

Name: _____ Degrees: _____
 Company Name: _____ IETS Freeze Code: _____
 Address (Street, Box, RR): _____
 Town: _____ Province/State: _____
 Postal/Zip Code: _____ Country: _____
 Telephone: _____ EXT: _____ CELL: _____
 Fax: _____ Email Address: _____
 List all provinces currently licensed in (if applicable): _____
 Embryo Transfer Involvement: *Commercial* ____ *Research* ____ *Teaching* ____ *Other* _____
 Describe: _____
 Language Preference: English ____ French ____

CETA/ACTE MEMBERSHIP

(If applying after July 1st, please contact the CETA/ACTE office for the pro-rated fees for full & affiliate membership.)

For efficiency, CETA/ACTE communicates with its members by email. Members receive the following by email: Received Notices & Information, Newsletters, Annual Report, Membership renewals, Certification Annual Review, Convention Registration Information, Tech Talk, and other pertinent CETA/ACTE information. **Do you consent to receiving emails from CETA/ACTE? YES NO**

FULL **FEE: \$ 220.35 CAD** (\$ 195.00 + \$ 25.35 HST)
 If applying for Full Membership:
 i) Please state the name of a current CETA/ACTE Full member, for reference purposes:

 ii) Would you like your name and contact information posted on the CETA/ACTE *public* web page called 'Members'? (please check one and sign) **YES** **NO**
SIGNATURE: _____

AFFILIATE **FEE: \$ 107.35 CAD** (\$ 95.00 + \$ 12.35 HST)
 If applying for an Affiliate Membership as a technician, please state the name of the veterinarian you are working with in Canada: _____

STUDENT **FEE: \$ 16.95 CAD** (\$ 15.00 + \$ 1.95 HST)
 If applying for Student Membership, please enclose a photocopy of your student card.

Please include this application form with your payment and mail to:
Canadian Embryo Transfer Association
P.O. Box 39, Kemptville, Ontario, Canada K0G 1J0

GST/HST # R 124 135 575 – An official receipt will be emailed to you.