



**Canadian Embryo Transfer Association  
Association Canadienne de Transfert d'Embryons**

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http://www.ceta.ca

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 renewal form 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: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

List all provinces currently licensed in (if applicable): \_\_\_\_\_

EMBRYO TRANSFER INVOLVEMENT: COMMERCIAL  RESEARCH  TEACHING  OTHER: \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

LANGUAGE PREFERENCE: ENGLISH  FRENCH

1) Include my name in the "Members Search" on the CETA/ACTE public web page. YES  NO

2) Include my information (as noted above) in the "Members Search" on the CETA/ACTE public web page. YES  NO

3) Do you consent to receiving emails from CETA/ACTE? YES  NO

*(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)*

**SIGNATURE:** \_\_\_\_\_

**CETA/ACTE MEMBERSHIP:**

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

**FULL FEE: \$ 220.35 CAD** (\$ 195.00 + \$ 25.35 HST)

If applying for Full Membership, please state the name of a current CETA/ACTE Full member, for reference purposes: \_\_\_\_\_

**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 # 12413 5575 RT0001 - An official receipt will be emailed to you.