



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

Tel: (613) 258-5944 (Ext 313)  
Fax: (613) 258-3719  
Email: CETA.ACTE@Gmail.com  
Web Site: www.ceta.ca

P.O. Box 39, 595 County Road #44, Kemptville, Ontario, Canada K0G 1J0

**MEMBERSHIP APPLICATION FORM**

HST # R 124 135 575

**FISCAL YEAR: MAY 01- APRIL 30**

NAME \_\_\_\_\_ DEGREES \_\_\_\_\_ IETS Freeze Code \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

If applying for Student Membership, please enclose a photocopy of your student card.

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

<b>FULL MEMBERS ONLY:</b>		
Would you like your name and contact information posted on a public page on the CETA/ACTE web site?	YES	NO
SIGNATURE:		

**MEMBERSHIP:**

<b>FULL</b>	(\$ 180.00 + \$ 23.40 HST) = \$ 203.40 CAD	
<b>AFFILIATE</b>	(\$ 95.00 + \$ 12.35 HST) = \$ 107.35 CAD	
<b>STUDENT</b>	(\$ 15.00 + \$ 1.95 HST) = \$ 16.95 CAD	

**EMBRYO TRANSFER INVOLVEMENT:**

Commercial \_\_\_\_\_ Research \_\_\_\_\_ Teaching \_\_\_\_\_ Other \_\_\_\_\_

Describe \_\_\_\_\_

**LANGUAGE PREFERENCE:** English \_\_\_\_\_ French \_\_\_\_\_

**PAYMENT:**

**Please include this application form with your payment and send to:**

Canadian Embryo Transfer Association  
P.O. Box 39, 595 County Road # 44  
Kemptville, Ontario, Canada K0G 1J0

*An official receipt will be sent to you.*