



Corporate Membership Application Form

General Information:

Business Name: _____

Business Owner: Mr. Mrs. Miss. Ms. _____

Facebook Account Name: _____

This is so you can be invited to AACET's Facebook page and stay up to date on news, events, etc.

Business Address: _____

Business Telephone: _____ Business Email: _____

Owner Address (if different): _____

Telephone: _____ Mobile: _____

Email: _____

Business Information:

Please write a short summary about your business including what the business does, how it is involved with Complementary Equine Therapy and any other pertinent information. If you require more space please write on the back of this page or attach another sheet.
