

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 Facebool	k 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.

Please Sign and Date:

I hereby apply for membership with AACET. As a member I understand that I must fulfill the association's criteria in order to maintain my membership. I am committed to and agree to the principles and guidelines of AACET. I have read the Code of Conduct and Disciplinary Procedures. The information I have given is complete and correct and I understand that this information may be verified by AACET.

Signed:_____

Date:_____

For Office u	ise only:
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Membership Approved: Yes

No

Referred to:

Date:

Initials: