

## **Practitioner and Student Membership Application Form**

## **General Information:**

| Membei                  | rship 1 | ype:     |           |        | Practitioner        |          | Student        | □ Canine                     |  |  |
|-------------------------|---------|----------|-----------|--------|---------------------|----------|----------------|------------------------------|--|--|
| Name:                   | Mr.     | Mrs.     | Miss.     | Ms.    |                     |          |                |                              |  |  |
|                         |         |          |           |        |                     |          |                |                              |  |  |
|                         |         |          |           |        | t:<br>ACET's Facebo |          |                | o date on news, events, etc. |  |  |
| Birthdate (dd/mm/yyyy): |         |          |           |        |                     |          |                |                              |  |  |
| Address                 | :       |          |           |        |                     |          |                |                              |  |  |
|                         |         |          |           |        |                     |          |                |                              |  |  |
|                         | heck    | the box  | xes nex   | t to t |                     |          |                | ld like to appear under you  |  |  |
| □ Telephone:            |         |          |           |        |                     | _ □ Mob  | Mobile:        |                              |  |  |
| □Email:                 |         |          |           |        |                     |          |                |                              |  |  |
| □ Websi                 | te:     |          |           |        |                     |          |                |                              |  |  |
| Type of                 | Busin   | ess:     |           |        |                     | Pract    | icing Since (n | month/year):                 |  |  |
| Your cov                | /erage  | e area ( | the are   | a you  | ı will travel to)   | <b>:</b> |                |                              |  |  |
| Please L                | ist the | Moda     | alities y | ou ar  | e applying for r    | membersh | nip under:     |                              |  |  |
|                         |         |          |           |        |                     |          |                |                              |  |  |

## **Qualifications:**

Initials:

\*\*PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF ACHIEVEMENT FOR EACH COURSE YOU LIST BELOW. If your particular course information is not on file with AACET, you will be asked to provide a detailed course outline. If more space is required, please write on the back of this page or attach another sheet. If you are currently a student, please indicate which course you are enrolled in and anticipated date of completion. If you have already completed one course, but are currently enrolled in another, please list the second course as well, along with the estimated completion date.

Course 1

| Awarding Institution:   |                           |
|---|---------------------------|
| Title of Course:  |                           |
| Qualification:  |                           |
| Date of Completion:   |                           |
| Course 2  |                           |
| Awarding Institution:   |                           |
| Title of Course:  |                           |
| Qualification:  |                           |
| Date of Completion:   |                           |
|   |                           |
| Please Sign and Date:   |                           |
| I hereby apply for membership with AACET. As a member I understand that I must fulfil association's criteria in order to maintain my membership. I am committed to and agre principles and guidelines of AACET. I have read the Code of Conduct and Disciplinary Prinformation I have given is complete and correct and I understand that this information verified by AACET. | e to the<br>ocedures. The |
| Signed:   |                           |
| Date:   |                           |
| For Office use only:  |                           |
| Membership Approved: Yes No   |                           |
| Referred to: Date:  |                           |