



American Embryo Transfer Association

STUDENT MEMBERSHIP APPLICATION

Date: _____

Name: _____

Degree Being Pursued: _____

Grade Level: _____

University/Institution Name: _____

Your Advisor or Major Professor Name: _____

Your Advisor or Major Professor Email: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

Steps to becoming a student member:

- 1) Complete this form and email it to aeta@assochq.org.
- 2) Have your advisor/major professor email confirmation of your student status to aeta@assochq.org.

AMERICAN EMBRYO TRANSFER ASSOCIATION

1800 South Oak Street, Suite 100

Champaign, IL 61820

Tel: (217) 398-2217

Email: aeta@assochq.org

Website: www.aeta.org