



ACERT
ASSOCIATION OF CAMPUS EMERGENCY RESPONSE TEAMS

Membership Renewal

This form is intended for use by emergency response teams who are currently affiliated with ACERT
If your team is not currently affiliated please download and submit the "membership application" from
www.acert.ca

Team Information

Team Name and Mailing address:

ACERT Liason:

Phone Number:

E-mail:

Preferred method of contact: Phone E-mail Snail Mail

Membership information

Type of membership requested: Full member Associate member

Reason for requesting Associate membership (if required)

Length** of membership and payment information

Full member

5 years, \$400

1 year, \$100

Associate member

1 year, \$30

**Membership is effective September 1st until August 31st the following year

Is your team requesting the reduction, or waiving of your membership fee (1 year options only)?

Yes

No

If yes, please put a detailed explanation of the reason for your request below

Thank you for submitting your membership renewal form. Please ensure that a cheque for the appropriate membership amount is attached to this form. Forms received without payment will be considered void. We thank you for your continued support of ACERT.

Submit completed forms to:

ACERT

1151 Richmond St., Suite 28-UCC

London, ON

N6A 3K7

Office use only

Date form received:

Cheque attached Yes No

Date Cheque deposited:

Date of reply regarding any concerns: