



# Membership Application

Organization Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Website:	General Email:	
Beneficial Owner (Private Language Schools only):		
President / Director:		
Contact Person and Title for LC Correspondence:		Email:
Date of Commencing year-round ESL/FSL classes in Canada:		
Legal Status of Organization:		
Business License Number (Private Language Schools only)		
Number of Branches: (*)	Branch Locations:	

**(\* Note: All additional locations, facilities and operations (whose primary purpose is the provision of training in English as a second/foreign language or French as a second / foreign language) that are owned or operated or those that share common branding with the applicant must meet all requirements of Languages Canada at all times.**

### Membership Criteria:

#### Full Members (Voting Members – Listed on LC Website):

- Have operated an ESL / FSL program for a minimum of 3 years
- Teach primarily ESL and/or FSL classes
- Adhere at all times to be bound by the By-laws, Code of Ethics, Membership Policies and Quality Assurance Standards of LC
- Maintain Accreditation requirements under LC Accreditation Scheme for all locations and all ESL / FSL programs

#### Listed Members (Non-voting Members – Listed on LC Website):

- Additional locations or language programs which are owned or operated or share common branding with the applicant.

#### Candidates for Membership (Non-Voting – NO listing on LC Website):

- Have operated an ESL / FSL program for a minimum of 1 year **but** not longer than 3 years
- Teach primarily ESL and/or FSL classes
- Adhere at all times to the By-laws, Code of Ethics, Membership Policies and Quality Assurance Standards of LC
- Maintain Accreditation requirements under LC Accreditation Scheme for all locations and all ESL / FSL programs.

### Process:

Together with this application for membership, all applicants must provide:

- Two (2) letters of support from current LC members; and
- bank reference and an appropriate credit report OR a CA's statement of solvency based on audited financial statements; and
- copy of most recent brochure.

**Upon approval of application, LC administration will advise Accreditation Agency of eligibility to proceed with Accreditation.**

### Fees:

Upon completion of Accreditation Process, annual membership fees are :  
 First or Main location: \$2000.00 (Prorated monthly)  
 Additional locations: 300.00 (Prorated monthly)  
 Annual Accreditation fees: To be invoiced by Orion Assessments as per fees on accreditation website.

Please send your completed application form and listed documents to:

Languages Canada Administration  
 5886 – 169A Street  
 Surrey, BC V3S 6Z8

Telephone: (604) 574-1532  
 Fax: (888) 277-0522  
 email: info@languagescanada.ca

I, \_\_\_\_\_ the undersigned, of \_\_\_\_\_ being a duly authorized signatory, declare that we meet the above criteria for membership in Languages Canada and will continue to do so; and that the information contained on this application form and the information accompanying it, is true, accurate and complete. I understand that membership fees are non-refundable.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date