



Associate Membership Application

Name of Business:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:		General Email
Website:			
Beneficial Owner:			
President:			
Contact Person and Title for LC Correspondence:			Email:
Date of Commencing operation:			
Nature of business (products and/or services sold):			
Legal Status of Business:			
Business License Number:			
Number of Branches:		Branch Locations:	

Membership Criteria:

Associate Members must

1. be an organization who supports the provision of training in English as a second / foreign language or French as a second / foreign language,
2. have been in business for a minimum of three (3) years,
3. not have as its primary business purpose the provision of training in English as a second / foreign language or French as a second / foreign language,
4. adhere to
 - (i) the Dispute Resolution Policy,
 - (ii) the Code of Ethics, and
 - (iii) any other rule or regulation prescribed by the Board pursuant to the by-laws of Languages Canada, and
5. submit a signed copy of the Code of Ethics on an annual basis

Application Process:

Associate applicants

1. may submit an application with 2 references from current members of Languages Canada or
2. if an applicant cannot provide references from 2 current Languages Canada members, the applicant will, at its own expense, make a presentation to the board, giving details about its history, and its services, to explain why Languages Canada should accept it as an Associate member.
3. must submit fees (payable to Languages Canada) (pro-rated monthly for the remaining months in the membership year (January – December) as well as a copy of their current brochure or promotional material.
4. Once the above conditions are satisfied, The Languages Canada Board will vote on the Associate membership application.

Fees:

Annual Fee: \$2500.00 (Prorated monthly)

Please send your completed application form to:

Languages Canada
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 associate 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