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International Languages Educators' Association

Institutional Membership Application Form - September 1st, ____ to August 31, ____

Primary Member Fee: \$ 100 - Secondary Member Fee: \$ 50 Payable to: ILEA Ontario

MEMBER SCHOOL BOARD: _____

Address: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Appointed Primary Member for Day School (Main contact/s for ILP in your department)

Name: _____ Address: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Appointed Primary Member for Continuing Education (Main contact/s for ILP in your department)

Name: _____ Address: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Additional Member/s at \$ 50 Each

	Name	E-mail
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Payment Description

Number of Primary Member/s at \$100.00 each: _____ x \$ 100.00 = \$ _____

Number of additional Member/s at \$ 50.00 each: _____ x \$ 50.00 = \$ _____

Total: \$ _____

Please, keep a copy of this application for your record and forward payment to:

*ILEA Office
25 Kimberwick Crescent
Ottawa ON K1V 1K6*

Total Payment Forwarded:
\$ _____

Received By: _____ Date: _____

Thank You for your support of International Languages Education!