



Saskatchewan Association of International Languages

Office Address: 1547 Anson Road, Regina, Saskatchewan S4P 0E1

Tel: (306) 780-9478 Fax: (306) 780-9407 Email: sailcoordinator@sasktel.net

www.sailsk.ca

SAIL ASSOCIATE MEMBERSHIP APPLICATION FORM

Deadline: May 29th, 2026 (Please type or print clearly)

Application for Associate Membership with *the Saskatchewan Association of International Languages Inc.* (SAIL) for the period of **April 1, 2026 to March 31, 2027.**

Associate membership shall be open to individuals or institutions supportive of the aims and objectives of SAIL. Associate Members do not have voting privileges.

Associate Member Fee: \$30.00 Cheque or cash is enclosed \$ _____

ASSOCIATE MEMBER INFORMATION

Name of Organization: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone _____ Fax _____ Other _____

PRIMARY CONTACT

Primary Contact Person (Please Print) _____ Title _____

Address _____

Primary Phone _____ Email _____

Send completed forms and membership fee to:

Saskatchewan Association of International Languages (SAIL Office)
1547 Anson Road, REGINA SK S4P 0E1

Kindly send your membership Renewal payment via E-interact to: sailcoordinator@sasktel.net (email password to this email after payment) or write a cheque to Saskatchewan Association of International Language and mail it to our office.

CONTACT INFORMATION RELEASE

ASSOCIATE MEMBER

SAIL requests CONTACT INFORMATION that can be released as part of our reporting responsibilities as a registered non-profit.

I hereby grant to SAIL the right to communicate with me either through electronic or Canada Post means for the purpose of disseminating information regarding SAIL as an organization and its activities.

I hereby grant to SAIL the right to reproduce, use, exhibit, display, distribute, and create derivative works of the photographed and/or filmed images of me, taken for use in connection with the activities of SAIL or for promoting, publicizing, or explaining SAIL's activities.

By releasing some or all of the below information you acknowledge that you are allowing SAIL to post the information on its website, and to provide the information to the public in case of any direct inquiries regarding our members and member organizations.

I HEREBY AUTHORIZE THE SASKATCHEWAN ASSOCIATION OF INTERNATIONAL LANGUAGES INC. TO RELEASE THE CONTACT INFORMATION LISTED BELOW:

NAME OF REPRESENTATIVE: _____

ORGANIZATION NAME: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

WEBSITE: _____

I HEREBY RELEASE the Saskatchewan Association of International Languages Inc. and all of its officers, directors, and employees from any claim, cause of action, suit, demand or liability of any kind or nature whatsoever in connection with distribution of such information. I hereby indemnify and save harmless the Saskatchewan Association of International Languages Inc. and all of its officers, directors and employees from any claim, cause of action, suit, demand or liability of any kind or nature whatsoever.

DATED at _____, Saskatchewan, this _____ day of _____, 2026
(city) (day) (month)

DESIGNATED REPRESENTATIVE NAME	TITLE	SIGNATURE
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<i>For Office Use: Received by SAIL</i>
<i>Date:</i> _____ <i>Signature:</i> _____