



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 INDIVIDUAL MEMBERSHIP APPLICATION FORM

Deadline: **June 9, 2023**

(Please type or print clearly)

Individual Name: _____

Herewith applies for membership with *the Saskatchewan Association of International Languages Inc.* (SAIL) for the period of **April 1, 2023** to **March 31, 2024**.

CONTACT INFORMATION

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone

Fax

Other

Regular Membership – Individual shall be open to any individual who supports the principles and values of SAIL and shall have full voting privileges.

☐

Regular Membership – Individual (\$25.00)

☐

New Membership

☐

Renewed Membership

☐

Cheque or cash is enclosed in the amount of \$ _____

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
INDIVIDUAL 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: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

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 _____, 2023
(city) (day) (month)

SIGNATURE

For Office Use: Received by SAIL

Date:

Signature: