



# 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](mailto:sailcoordinator@sasktel.net)  
www.sailsk.ca

## SAIL ORGANIZATION MEMBERSHIP APPLICATION FORM

**Deadline: June 10, 2024** (Please type or print clearly)

**Organization Name:** \_\_\_\_\_

Herewith applies for membership with *the Saskatchewan Association of International Languages Inc.* (SAIL) for the period of **April 1, 2024 to March 31, 2025.**

Please fill out every field of the form, or the application will be deemed incomplete.

Saskatchewan Non-Profit Corporation Number: \_\_\_\_\_

International Heritage Language(s) Taught: \_\_\_\_\_

Current Sources of Funding:  SAIL

Other – please list all: \_\_\_\_\_

Total Number of Individual Members within Organization (if organization has memberships): \_\_\_\_\_

Total Number of Volunteers within Organization: \_\_\_\_\_

Total Number of Programs Delivered by Organization (include all yearly programs/events administered by the organization): \_\_\_\_\_

### MEMBERSHIP TYPE:

**Regular membership - Organization** shall be open to any community-based non-profit organization in Saskatchewan involved in developing, teaching, and promoting the learning of international languages and shall have full voting privileges.

**Regular Membership – Organization (\$50.00)**

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](mailto: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**  
**REGULAR MEMBER - ORGANIZATION**

AS THE DESIGNATED REPRESENTATIVE OF A NON-PROFIT ORGANIZATION THAT IS OPEN TO THE PUBLIC, SAIL REQUESTS THAT YOU COMPLETE ANY OR ALL OF THE SECTIONS IN THE BELOW FORM. SAIL ENCOURAGES YOU TO PROVIDE SOME METHOD OF CONTACT INFORMATION THAT CAN BE RELEASED IN CASE OF INQUIRY ABOUT YOUR ORGANIZATION AND ITS SERVICES. 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 IN CASE OF ANY DIRECT INQUIRIES ABOUT YOUR ORGANIZATION AND ITS SERVICES. SAIL WILL NOT SHARE THIS INFORMATION WITH ANY THIRD PARTIES.

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

NAME OF REPRESENTATIVE: \_\_\_\_\_

ORGANIZATION/SCHOOL 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.

**THIS AGREEMENT** is binding. One signature, by the Organization's President, Principal or Coordinator is required. By signing this form, you are allowing SAIL to release the information listed above. You may amend or rescind this authorization at any time by submitting a written request to SAIL.

DATED at \_\_\_\_\_, Saskatchewan, this \_\_\_\_ day of \_\_\_\_\_, 2024  
*(city)* *(day)* *(month)*

\_\_\_\_\_  
DESIGNATED REPRESENTATIVE NAME TITLE SIGNATURE

<i>For Office Use: Received by SAIL</i>	
<i>Date:</i>	<i>Signature:</i>