

	<b>Canadian eLearning Network Membership Application</b>	<b>Canadian eLearning Network</b> 4083 Balsam Drive Cobble Hill, British Columbia, Canada V0R 1L3 <a href="mailto:info@CANeLearn.net">info@CANeLearn.net</a> <a href="http://CANeLearn.net">http://CANeLearn.net</a>
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Organizational members please use main contact's name and address below and append separate list of members (see over).

Name and Address _____ _____ _____ _____ _____	Telephone: (____) _____ Cell Phone: (____) _____ E-Mail: _____ Website: _____ I consent to include my electronic address as part of the list serve: Y / N Please include membership in the members-only online directory: Y / N
Organization: _____ Position/Title: _____ Province: _____ Language of preference:      English [ ]      French [ ]	

Please indicate	Regular Member (voting) <sup>1</sup>	Associate (non-voting)	Student	Small Organization <sup>2</sup>	Large Organization <sup>3</sup>
Annual	\$125.00 <input type="checkbox"/>	\$50.00 <input type="checkbox"/>	\$5.00 <input type="checkbox"/>	\$1000.00 <input type="checkbox"/>	\$5000.00 <input type="checkbox"/>

1. Only licensed Canadian educators employed by a Canadian education institution, board of education, government, or not-for-profit agency, including public, independent, band or charter schools in Canada are eligible to be voting members.
2. For up to 10 voting regular memberships; please list names on page 2 of this form.
3. For up to 10 voting regular memberships and up to 40 associate (non-voting) memberships; please list names on page 2 of this form.

**TOTAL** \_\_\_\_\_

Term of membership: 1 October – 30 September <i>Membership receipts will be issued upon request only.</i>	CANeLearn's Business Number: 84754-8633	<a href="#">Click here to sign up for the CANeLearn Newsletter</a>
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Please sign below and return this form to the Canadian eLearning Network by email ([info@CANeLearn.net](mailto:info@CANeLearn.net)) or mail (address above). Signature and payment indicates acceptance of membership policies and bylaws posted on the website at <http://CANeLearn.net>.

I hereby authorize CANeLearn to retain personal information about me in an internal database that may be used for future communication regarding activities, benefits and services available to members. I can un-subscribe from this list at anytime. CANeLearn does not sell its membership information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment methods are by cheque, bank transfer, or by credit card.** An invoice in the organization or individual's name will be emailed to the contact person for payment by cheque or bank transfer. A separate invoice will be emailed for credit card payment.

**Please indicate payment type:**     Cheque or Bank Transfer

I am interested in volunteering for CANeLearn : Y / N

Credit Card (online)

I have research and/or resources to share : Y / N

