



Canadian eLearning Network Membership Application

Canadian eLearning Network
9269 Truman Road
Halfmoon Bay, British Columbia,
Canada V0N 1Y2
info@CANeLearn.net
<http://CANeLearn.net>

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) ¹	Associate (non-voting)	Student	Small Organization ²	Large Organization ³
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	Click here to sign up for the CANeLearn Newsletter
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Please sign below and return this form to the Canadian eLearning Network by email (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

