

Membership Application

Wiembersinp Application					
Organization Name:					
Address:					
City:	Province:		Postal Code:		
Phone:	Fax:				
Website:		General Email:			
Beneficial Owner (Private Language Schools only):		1			
President / Director:					
Contact Person and Title for LC Correspondence:			Email:		
Date of Commencing year-round ESL/FSL classes in Canada:					
Legal Status of Organization:					
Business License Number (Private Language Schools only)					
Number of Branches: (*)	Branch Locations:				
(*) Note: All additional locations, facilities and o language or French as a second / foreign languag meet all requirements of Languages Canada at al	e) that are owned or ope				
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Full Members (Voting Members – Listed on LC Website):

- Have operated an ESL / FSL program for a minimum of 1 year for Novice membership / 3 years for full membership
- Teach primarily ESL and/or FSL classes
- Adhere at all times to be bound by the By-laws, Code of Conduct, Membership Policies and Quality Assurance Standards of LC
- Maintain Accreditation requirements under LC Accreditation Scheme for all locations and all ESL / FSL programs

Listed Members (Non-voting Members - Listed on LC Website:

Additional locations or language programs which are owned or operated or share common branding with the applicant.

Process:

Together with this application for membership, all applicants must provide:

Two (2) letters of support from current LC members; and
(Private Sector only) bank reference and an appropriate credit report OR a CA's statement of solvency based on audited
financial statements: and

a copy of most recent brochure (pdf or hard copy).

Upon approval of application, LC administration will advise Accreditation Agency of eligibility to proceed with Accreditation.



Upon completion of Accreditation Process, annual membership for weeks(Prorated monthly)		mbership fees are: First	or Main location:	\$2435 + levy based on student	
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Please	send your completed application form and liste	d documents to:			
	Languages Canada Administration	Telephone:	(604) 625-1532		
	27282 12B Avenue	Fax:	(888) 277-0522		
Aldergrove BC V4W 2P6		email: info@langu		uagescanada.ca	
ı		the undersigned of			
', heing a	a duly authorized signatory, declare that we meet			anada and will continue to do so: and	
_	e information contained on this application form				
	ership fees are non-refundable.		p. 7 0 4	P	
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Position

Date

Authorized Signature