



# International Languages Educators' ASSOCIATION of Ontario

www.ilea.ca

## INSTITUTIONAL Membership Application Form

YEAR:

Membership fee of \$75 is based on the calendar year.

- New Member
- Returning Member

### Personal Information

Last Name  First Name  Middle Name

Mailing Address: Street #  Street Name  Apt. #

City  Province  Postal Code  Country

Email Address  Phone # 1  Phone # 1

### Professional Information

Institution you Represent (Name of School Board/College/University/Organization)

- Position:  Elementary Educator  Secondary Educator  Adult Educator  Community Volunteer
- Administrator/Coordinator  Other (Please specify):

Division you teach or coordinate:

- JK/SK  Grades 1-3  Grades 4-6  Grades 7-8
- Credit/Secondary  College/University  Adult

Language(s) you teach:

### Payment

Please make your cheque payable to: **ILEA Ontario**. Please keep a copy of this application for your record and forward payment to:

**ILEA Office**  Cheque inclosed  
**25 Kimberwick Crescent**  Paid through PayPal  
**Ottawa ON K1V 1K6**

Total Payment Forwarded:

**ILEA** welcomes voluntary financial contributions in order to support promotion and advocacy for **International Languages**. Contributions can be added to your basic membership fee.

### Received

by: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You for your support of International Languages Education!**