



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
www.sailsk.ca

SAIL ORGANIZATION MEMBERSHIP APPLICATION FORM

Deadline: May 30th, 2025 (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, 2025 to March 31, 2026.**

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 (email password to this email after payment) or write a cheque to Saskatchewan Association of International Language and mail it to our office.

DESIGNATED REPRESENTATIVE

Name: _____ Title: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Home Phone

Work Phone

Cell Phone

It is the responsibility of each member to maintain liaison with SAIL through its designated representative. This designated representative may vote on behalf of a Regular Member – Organization. SAIL will send all electronic communication and notices intended for the Regular Member – Organization to the listed representative, unless informed otherwise. However, the contact person listed below will be the primary contact person for the Regular Member – Organization. A Regular Member – Organization may change its designated representative, but such change becomes effective only when the SAIL Office receives written notice of the change signed by the President, Principal or Coordinator of the Regular Member – Organization. Each organization/individual is required to notify the SAIL office in writing of any major changes throughout the year, including personnel and contact information, name changes, location of classroom space, etc.

PRIMARY CONTACT

Primary Contact Person and Title (Please Print)

Signature

Address

Primary Phone

Email

Send completed forms and membership fee to:

Saskatchewan Association of International Languages (SAIL Office)

1547 Anson Road, REGINA. S4P 0E1

Or

Email to: sailcoordinator@sasktel.net

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 _____, 2025
(city) *(day)* *(month)*

DESIGNATED REPRESENTATIVE NAME TITLE SIGNATURE

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