

SOHL MEMBERSHIP APPLICATION FORM

Deadline: August 31, 2018 (Please type or print clearly)

Registered Organization Name or Individual Name:

Herewith applies for membership with *the Saskatchewan Organization for Heritage Languages Inc.* (SOHL) for the period of **April 1, 2018 to March 31, 2019.**

Please fill out every field of the form, or the application will be deemed incomplete.

Saskatchewan Non-Profit Corporation Number: _____

Heritage Language(s) Taught: _____

Current Sources of Funding: SOHL

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): _____

If applying for a new membership, please answer the following questions:

1. Is there any other school for your language existing in the same city/town where you intend to operate?
Yes ___ No ___
2. If yes, describe your rationale for starting a new school and identify needs that are not met by the existing school(s) of the same language in your area (attach separate paper).
3. Is there any overlap of students between your school and other existing schools for your language?
Yes ___ No ___

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 heritage languages and shall have full voting privileges.

Regular Membership – Individual shall be open to any individual who supports the principles and values of SOHL and shall have full voting privileges.

Associate membership shall be open to individuals or institutions supportive of the aims and objectives of SOHL. Associate Members **do not** have voting privileges.

Regular – Organization (**\$35.00**) Regular – Individual (**\$25.00**) Associate (**\$20.00**)

New Membership Renewed Membership **Cheque or cash is enclosed in the amount of \$**_____

If this is a new application, submit the bylaws or other relevant information for your organization along with the form.

Please complete the second page of this application.

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 SOHL through its designated representative. This designated representative may vote on behalf of a Regular Member – Organization. SOHL 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 SOHL 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 SOHL 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

I prefer to receive communication from the SOHL office electronically (via email): _____ Yes _____ No

Send completed forms and membership fee to:
Saskatchewan Organization for Heritage Languages
2440 Broad Street, Regina, SK S4P 0A5