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Application for Membership

Organization Name:			
Status (not for profit society, con	npany, etc.):		
Organization Size (# of emplo	yees in Canada):		
Category of Membership:	O Sustaining Member (\$20,000 or \$5,000 plus \$50 per employee to a maximum of \$20,000)	O Community Member (\$1,000)	O International Affiliate (\$1,000)
Contact Information			
Address:		Contact Person:	
		Title:	
		Telephone:	
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Organization Description Describe your interest and expe	ctations in joining the Tele	eLearning•NCE:	
Please attach a brochure which and/or services.	describes your organization	on's mandate or lines of bu	siness and products