

# MEMBERSHIP APPLICATION FORM

Canadian Association for Japanese Language Education (CAJLE)  
P.O. Box 75133, 20 Bloor St. East, Toronto, Ontario M4W 3T3 Canada  
URL: <http://cajle.info/>

I would like to apply for a CAJLE membership for January, [click here](#) ~ December, [click here](#).  
I will make the new membership fee payable to CAJLE in the amount of: \$ [click here](#)

The above payment will be made by:

- Credit Card
- Cash
- Money Order
- Personal Cheque
- Direct transfer

into CAJLE's bank account

Bank Information

- Bank: CIBC
- Bank Address: 2 Bloor Street W, Toronto, Ontario M4W 2G7 Canada
- Swift Code: CIBCCATT
- Institution Number: 010
- Transit Number: 00502
- Account Name: Canadian Association for Japanese Language Education (CAJLE)
- Account No: 4919467

## Member's Information #1 (for institutional membership, please fill individual member's information)

Last Name:

First Name:

Full Name in Japanese:

Institutional Affiliation:

	Mailing Address	For Use on the Member's List
Address		
Phone		
Fax		
E-mail		

Areas of Interest

- |   |  |
|---|--|
| <input type="checkbox"/> Primary-Junior (JFL)<br><input type="checkbox"/> Primary-Junior (Heritage)<br><input type="checkbox"/> High School (Credit)<br><input type="checkbox"/> High School (Non-credit) | <input type="checkbox"/> University<br><input type="checkbox"/> Continuing Education/Community College<br><input type="checkbox"/> Private<br><input type="checkbox"/> Others: _____ |
|---|--|

## Member's Information #2 (for institutional membership, please fill individual member's information)

Last Name:

First Name:

Full Name in Japanese:

Institutional Affiliation:

	Mailing Address	For Use on the Member's List
Address		
Phone		
Fax		
E-mail		

Areas of Interest

- |   |  |
|---|--|
| <input type="checkbox"/> Primary-Junior (JFL)<br><input type="checkbox"/> Primary-Junior (Heritage)<br><input type="checkbox"/> High School (Credit)<br><input type="checkbox"/> High School (Non-credit) | <input type="checkbox"/> University<br><input type="checkbox"/> Continuing Education/Community College<br><input type="checkbox"/> Private<br><input type="checkbox"/> Others: _____ |
|---|--|

Member's Information #3 (for institutional membership, please fill individual member's information)		
Last Name:		
First Name:		
Full Name in Japanese:		
Institutional Affiliation:		
	Mailing Address	For Use on the Member's List
Address		
Phone		
Fax		
E-mail		
Areas of Interest <input type="checkbox"/> Primary-Junior (JFL) <input type="checkbox"/> University <input type="checkbox"/> Primary-Junior (Heritage) <input type="checkbox"/> Continuing Education/Community College <input type="checkbox"/> High School (Credit) <input type="checkbox"/> Private <input type="checkbox"/> High School (Non-credit) <input type="checkbox"/> Others: _____		

Member's Information #4 (for institutional membership, please fill individual member's information)		
Last Name:		
First Name:		
Full Name in Japanese:		
Institutional Affiliation:		
	Mailing Address	For Use on the Member's List
Address		
Phone		
Fax		
E-mail		
Areas of Interest <input type="checkbox"/> Primary-Junior (JFL) <input type="checkbox"/> University <input type="checkbox"/> Primary-Junior (Heritage) <input type="checkbox"/> Continuing Education/Community College <input type="checkbox"/> High School (Credit) <input type="checkbox"/> Private <input type="checkbox"/> High School (Non-credit) <input type="checkbox"/> Others: _____		