



Application For Student Membership

Return Your Application To:
ILEA CANADA
312 Oakwood Court
Newmarket, ON L3Y 3C8
Phone: 905-898-7434
866-729-4737
Fax: 905-895-1630
Web: www.ILEACanada.com

Last Name _____ First _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email _____

Educational Institution in Attendance _____

Anticipated Date of Graduation _____

Student Membership Eligibility and Dues

These dues are in effect through June 30, 2018

Student Membership

Dues
\$65.00 CDN

The below criteria apply for all applicants to be eligible for ILEA Canada student membership.

- Students can be part or full time and must be enrolled in a recognized certificate program.
- The School Program Coordinator will communicate student enrollment information and registration confirmation. These school liaisons will be contacted by ILEA International upon a student applying for membership to ILEA.
- All students must have their Program Coordinator sign their application for membership
- Student members must volunteer for ten (10) hours to their ILEA chapter per year, helping with chapter meetings, mailings, and other chapter business.
- Students will not have a listing in the ILEA Membership book or on the ILEA web site, use Member Discounts, can not vote on chapter business or hold an office in ILEA.
- Students will not be permitted to use the ILEA logo on business cards or any promotional material.
- Student memberships can be held for a maximum of two years (Additional years beyond two will be addressed by ILEA and the schools' Program Coordinator).

Statement by Program Coordinator

As an instructor in the area of special events, I have read this application, student status, and attest to its accuracy.

Instructor's Name _____

Educational Institution _____

Contact Phone Number _____

Instructor's Signature _____ Date _____

ILEA Contacted Program Coordinator on _____ Confirm Status ___ Yes ___ No

Method of Payment

Annual Dues may be paid by Visa, or MasterCard by completing the information below. **NOTE: Cheques should be payable to ILEA CANADA**

Bill my Visa MasterCard

Card No. _____

Expiration Date _____

Name as appears on card _____

Cardholder's Signature _____

Dues
\$65.00 CDN

I have enclosed my payment by cheque payable to ISES Canada.