

Application for Associate Membership

To: FOCUSED EDUCATION RESOURCES SOCIETY (the “**Society**”)

The undersigned (the “**Applicant**”) hereby applies to be an Associate Member of the Society.

The Applicant:

1. hereby acknowledges that an Associate Member of the Society is not entitled to receive notice of or vote at general meetings of the Society, but otherwise has the same rights and obligations as Voting Members of the Society;
2. hereby certifies that the Applicant is qualified to be an Associate Member of the Society because the Applicant is an “Education Organization” (defined in the By-Laws of the Society to mean a non- profit corporation, society or partnership with educational purposes that is not a BC School Board and includes, without limitation, a board of education or a francophone education authority as defined and constituted under a statute of a jurisdiction other than British Columbia, and an “authority” as defined under the British Columbia *Independent School Act* or a corresponding statute of a jurisdiction other than British Columbia);
3. hereby agrees that for so long as the Applicant is an Associate Member of the Society, the Applicant shall be bound by the Constitution and By-Laws of the Society as may be amended from time to time, and without limiting the foregoing the Applicant shall promptly pay its membership dues as may be required by the Society in accordance with its By-Laws from time to time;
4. hereby appoints the following position of either the Principal, Head of School, or another senior staff member of the Applicant, as its representative in respect of all matters relating to the Society. The person holding this specified position, including any temporary or acting replacement, will be the Applicant’s representative until such time the Society is notified that another position has been designated as representative.

The position appointed is: _____

5. hereby directs the Society to enter the following address as the Applicant’s registered address in the register of members of the Society:

Dated effective: _____, 20__.

SCHOOL NAME:

(_____)

by its authorized signatory:

Name:

Title:

ADDITIONAL INFORMATION

Authorized signatory phone number: _____

Membership start date (if different than dated effective date in application): _____, 20____.

School Code: _____

* Your school code can be found in the [Ministry's database here](#), to the right of your school name.

Current school FTE: _____

* FTE listed with the Ministry of Education will be used. If your school does not submit FTE to the Ministry, enter it in the above field.