

EMP Canada Training Centre Membership Application

3, 10114 McDonald Park Road Sidney, British Columbia V8L 5X8 (250) 656-1468, Fax (250) 656-5613

Facility Information - please type or print clearly

Facility Name _____

Designated Contact Person _____

Location Address _____

Phone _____ Fax _____ e-mail _____

Classification Level - The applicable "**License Agreement**" is to be submitted with this "**Membership Application**".

- Professional Centre Facilitator Development Centre
 Primary Location Branch Location Additional location

Business Information

When did this Business open? _____ How long have you owned this Business? _____

Business Hours _____ Affiliated with what other associations? _____

Product Lines _____

Additional Address Shipping Mailing Billing

For more than one address use a separate sheet of paper.

Name _____

Address _____

City _____ Province _____

Phone _____ Fax _____

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Facilitator / Instructor Roster

Fill in your Instructors names and EMP Registry #. Attach seperate sheet if necessary. Must be updated as changes occur.

EMP Number	EMP Facilitator Names

Trainer Roster

Required for "Facilitator Development Centre"

EMP Number	EMP Facilitator Names

TRAINER SIGNATURE -

I verify that I will conduct Facilitator / Instructor training for the above named EMP Centre

Trainer (signature required)

day/month/year

Trainer (signature required)

day/month/year
