

# EMP Canada Training Centre Membership Application

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

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**Facility Information** - please type or print clearly

Facility Name \_\_\_\_\_

Designated Contact Person \_\_\_\_\_

Location Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

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**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

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**Business Information**

When did this Business open? \_\_\_\_\_ How long have you owned this Business? \_\_\_\_\_

Business Hours \_\_\_\_\_ Affiliated with what other associations? \_\_\_\_\_

\_\_\_\_\_

Product Lines \_\_\_\_\_

\_\_\_\_\_

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**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" and "Vocational Development Centre"

EMP Number	EMP Facilitator Names

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## VOCATIONAL LICENSING -

I have maintained my recognition under the Private Post Secondary Education Act and understand that I may not conduct Facilitator / Instructor level training if my licensing is not current.

\_\_\_\_\_  
owner/manager (signature required)

\_\_\_\_\_  
day/month/year

## 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

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