

FOAJ Course Registration Form

3438-78 Avenue, Edmonton, AB, T6B 2X9

4 Ways to Register:

1. **Online:** www.FOAJ.ca
2. **Complete this form and fax it to:** 780-466-8015
3. **Complete this form and mail to:** Foundation of Administrative Justice
4. **Complete this form and email to:** info@foaj.ca

Membership number	
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I/We wish to become a member: Yes No

Member type:

Affiliate (\$135) Silver (\$550) Platinum (\$1500)

I/We agree to abide by the bylaws and policies of FOAJ:

Yes (required)

Registrant Information:

Name: (First & Last)	
Telephone: (with area code)	
Fax: (with area code)	
Mailing Address: (include city, province & postal code)	
Organization:	
Department:	
Position:	
Email:	

As a not for profit FOAJ needs to reduce costs. As a way of reducing mailing costs we want to communicate through email. The Foundation of Administrative Justice would like to keep you informed! We endeavor to limit our electronic communication to additions/changes to course calendar, annual general meeting information/documents, membership, eLearning opportunities, upcoming events, annual newsletter resource and learning updates.

Course correspondence including confirmation, pre-readings, exam results, etc will be sent by email.

Add me to FOAJ's email and contact list.

Did someone refer you? Name?

Fees:

E-Learning: \$1,320 Member / Non-Member

1 day course: \$850 Member / \$1100 Non-member

2 day course: \$1070 Member / \$1320 Non-member

Refresher & Exam \$195 Rewrite Exam \$75

Course Name	Date	Fee

GST Exemption #: _____

**Everyone must pay GST except GST exempt organizations who are FOAJ Silver or Platinum Members and who are registering and paying for their tribunal members or staff.*

GST (5%) on all Fees: _____

Registration Fees: _____

Membership Fee: _____

Total Payable: _____

Payment Type:

cash PayPal Visa MasterCard

cheque payable to Foundation of Administrative Justice

Invoice * Available only to Silver or Platinum Members for the registered tribunal members or staff covered by the organization membership. Payment must be received before the event begins or the person will not be admitted to the event.*

Credit Card Number: _____

Expiry Date: _____ **CSC# (on back):** _____

Name of Card Holder: _____

Signature authorizing payment:
