



TEACHING ENGLISH AS A SUBSEQUENT LANGUAGE SASKATCHEWAN INC.

TESL Saskatchewan Application for Motion

Please complete a separate form for each proposed motion. All fields must be completed.

Member Name: _____

TESL Saskatchewan Membership Number: _____

Mailing Address: _____ (Apt no./Street)
_____ (Town/City) _____ (Prov) _____ (Postal Code)

E-mail Address: _____

Telephone: _____

Motion: (Name) _____ moves that: _____

Rationale: (brief and in point form):

Name of seconder (Must be a member): _____

Secunder's membership number: _____