



株式会社The English Company

Nakajuku 2-8 Itabashi-Ku Tokyo 〒173-0005

〒173-0005 東京都板橋区仲宿 2 – 8

Telephone: (03)-3579-7507 or (0473)-335696

Fax: (03)-6231-0373 or (0473)-335696

www.theenglishcompany.jp

Application to Join The Favoured Teacher Programme

Please fill in all sections in BLOCK CAPITALS or circle or check the correct box, where appropriate. Send your completed form by postal mail to the address above.

1	Your family name:	
2	Your given name:	
3	Your address details...	
	a) Country	
	b) Prefecture	
	c) City	
	d) District	
	e) Further divisions	
4	Your home telephone number:	
5	Your mobile phone number:	
6	Your fax number:	
7	Your email address:	
8	Are you selecting products for classes that you teach?	Yes No
9	Are you selecting products for classes that other people teach?	Yes No

Please complete section 10 (below) for each institution at which the products will be used. Additional pages for that are to be found at the end of this document.



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10	Institution(s) at which the product(s) will be used:	
	a) Name of institution	
	b) Address of institution:	
	c) Telephone number of institution:	
	d) Day(s) and period(s) when the product will be used:	
	e) Name of the teacher(s) if not yourself:	
	f) Your relationship or relationship with the institution:	

I have read and agree to the Favoured Teacher Programme terms and conditions.

Signature or seal: _____ Date: _____

DO NOT SEND ANY BANK DETAILS UNTIL YOUR MEMBERSHIP HAS BEEN APPROVED – USE THE SEPARATE FORM* FOR THIS.

*To be sent to you by us if and when your application is approved.



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Additional institutions:

10	Institution(s) at which the product(s) will be used:	
	a) Name of institution	
	b) Address of institution:	
	c) Telephone number of institution:	
	d) Day(s) and period(s) when the product will be used:	
	e) Name of the teacher(s) if not yourself:	
	f) Your relationship or relationship with the institution:	

Please sign (or seal) and date each additional page in the space below.

I have read and agree to the Favoured Teacher Programme terms and conditions.

Signature or seal: _____ Date: _____