

FIRST NAME:

LAST NAME:

PSEUDONYM:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

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STATUS:

Canadian citizen

Permanent resident

MEMBER STATUS:

Not a member

Former member

Associate member

Student member

HOW DID YOU  
HEAR ABOUT THE  
LEAGUE:

POET TYPE

Print poet

Spoken word

Both

APPLYING FOR

Full membership

Associate membership

Student membership

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(OPTIONAL)  
PLEASE INDICATE  
IF YOU ALSO  
WORK AS ANY OF  
THE FOLLOWING:

Bookseller

Editor

Event organizer

Librarian

Publicist

Publisher

Teacher/professor

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CONSENT:

I consent to receive electronic communications from the League of  
Canadian Poets

FULL NAME:

DATE: