

FIRST NAME:		MIDDLE NAME or INITIAL (if applicable):	LAST NAME:	
PSEUDONYM (if applicable):			DATE OF BIRTH (DD-MM-YYYY):	
STREET ADDRESS:			APT/UNIT NO.:	
CITY/TOWN:		PROVINCE:		
POSTAL/ZIP CODE:		COUNTRY:		
PHONE: Mobile Home		EMAIL:		
TWITTER:		WEBSITE:		
SECONDARY SCHOOL:		CITY/TOWN, PROVINCE		GRADE:
STATUS (Mandatory) Canadian Citizen Permanent Resident		POET TYPE: Print poet Spoken Word poet	I WRITE/PERFORM IN: English French Other	
How did you hear about the League?				
<p>COMMUNICATION CONSENT</p> <p>I consent to receive electronic communications from the League of Canadian Poets, including information about this application, member-only bulletins, monthly newsletters and other membership notifications</p> <p>I DO NOT consent to receive electronic communications from the League of Canadian Poets</p> <p>NOTE: You may withdraw your consent to receive electronic communications from the League of Canadian Poets at any time by emailing your request to info@poets.ca, faxing it to 416-504-0096 or calling 416-504-1657.</p>				
SIGNATURE: _____			DATE: _____	

Applications are to be mailed to *The League of Canadian Poets, 1519 - 2 Carlton St, Toronto ON, M3B 1J3* and should include the following:

- Completed Membership Application Form
- Eight (8) to ten (10) poems
- Literary CV and/or Biography, and Bibliography
- Copy of your Student Card

PLEASE NOTE:

- Submitted materials will not be returned to the applicant.
- Annual Fee for Student membership is \$30.00. Do NOT send payment with your application.
- Applications can take up to eight (8) weeks to process from the date they are received at League office.

FOR LEAGUE OFFICE USE ONLY

MEMBERSHIP APPROVED: YES NO DATE OF COMMITTEE DECISION: _____ CHAIR: _____

NOTES: