

**NOTE: Active LCP members are not required for submit this form upon payment of annual membership fees**

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:		
PRIMARY PHONE:                      Mobile      Home      Business		SECONDARY PHONE:                      Mobile      Home      Business		
EMAIL:		WEBSITE:		
TWITTER:		INSTAGRAM:		
LAST ACTIVE YEAR:		LINKEDIN:		
<b>POET TYPE:</b> Print poet Spoken Word poet		<b>LAST MEMBERSHIP LEVEL:</b> Full Member Associate Member Supporting Member Student Member		<b>STATUS:</b> Canadian Citizen Permanent Resident
<b>Current Membership Fees are as follows: FULL \$185.00, ASSOCIATE \$70.00, SUPPORTING \$110.00, STUDENT \$30.00</b>				
MEMBERSHIP FEE \$ _____		<b>PAYMENT METHOD</b> <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Cheque Enclosed		
DONATION \$ _____		CARD #: _____		
TOTAL \$ _____		EXPIRY DATE (MM/YY): _____ / _____                      CVV/CVC: _____		
NAME ON CARD: _____				
<b>COMMUNICATION CONSENT</b> I consent to receive electronic communications from the League of Canadian Poets, including information about this application, monthly newsletter and other membership notifications  I DO NOT consent to receive electronic communications from the League of Canadian Poets  NOTE: You may withdraw your consent to receive electronic communications from the League of Canadian Poets at any time by emailing your request to <a href="mailto:readings@poets.ca">readings@poets.ca</a> or calling 416-504-1657.  The League office will however continue to provide to League members electronic notifications concerning membership matters.				
SIGNATURE: _____			DATE: _____	

**FOR LEAGUE OFFICE USE ONLY**

MEMBERSHIP VERIFIED <input type="checkbox"/>	YEARS ACTIVE _____ - _____	TRANSACTION NO. _____	AMT \$ _____
MEMBERSHIP LEVEL	<input type="checkbox"/> FULL <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> SUPPORTING <input type="checkbox"/> STUDENT	AUTHORIZATION NO. _____	
NOTES:			