

FIRST NAME:

LAST NAME:

PSEUDONYM:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

STATUS:

Canadian citizen

Permanent resident

LAST ACTIVE
YEAR & REASON
FOR RENEWAL:

POET TYPE:

Print poet

Spoken word

Both

RENEWING:

Full membership

Associate membership

Student membership

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

Bookseller

Editor

Event organizer

Librarian

Publicist

Publisher

Teacher/professor

CONSENT:

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

FULL NAME:

DATE: