



Application for Membership

SELF-PUBLISHED AUTHORS

Please print, fill out, and mail this application to The Writers' Union of Canada, 600-460 Richmond Street West, Toronto, ON, M5V 1Y1.
* **indicates required information** (Please note that optional information is collected for statistical purposes only. It does not affect your application in any way and will not be shared with a third party.) All membership decisions are made in confidence.

APPLICANT INFORMATION

MR. MRS. MISS MS. MX.

*FIRST NAME _____ MIDDLE NAME _____ *LAST NAME _____

DATE OF BIRTH _____ PEN NAME(S) _____

*STREET ADDRESS _____

*CITY/TOWN/FIRST NATION _____ *PROV/TERR _____ *POSTAL _____ COUNTRY _____

*HOME PHONE _____ *EMAIL: _____

WEBSITE _____

*CITIZENSHIP (Please check)

Canadian

Permanent Resident in Canada

I identify myself as an Indigenous person (First Nations, Inuit, Métis) born or resident within Canada. *Annual membership \$50.*

Is there any additional information you would like to add to your application (e.g. expertise in a field, writing honours, or awards)? You may also enclose a bibliography and/or Curriculum Vitae (in a single file).

BIBLIOGRAPHY AND/OR CURRICULUM VITAE ATTACHED

BOOK FOR CONSIDERATION

Tell us about your book. Please note that only fields with an asterisk () are mandatory. However, support materials provide valuable information when assessing your application, and you are encouraged to include anything you feel is pertinent. Applicants' books must successfully demonstrate commercial intent and professionalism in all areas, including editing and design.*

*BOOK TITLE _____

*FORMAT: EBOOK PHYSICAL BOOK *GENRE _____ *PAGE COUNT _____

*PUBLISHED THROUGH/PRINTED BY _____

*PUBLICATION DATE: _____

*You must submit either an electronic copy of your book (EPUB or PDF format) to twuc@writersunion.ca or send **four print copies** of it along with your application. If submitting a digital copy of your book, please ensure the quality of the digital copy or scan is professional and that the entirety of your book is in a single file, including covers and illustrations.*

PROFESSIONALISM

Did you use a professional:

EDITOR (name, professional affiliation, website): _____

DESIGNER (name, professional affiliation, website): _____

*REGISTRATIONS (check all that apply)

ISBN (Number: _____) Access Copyright Public Lending Right

CIP (Number: _____) N/A

COMMERCIAL INTENT

Did you use a professional:

PUBLICIST (name, professional affiliation, website): _____

*DISTRIBUTION CHANNELS (Check all that apply and specify the names of services used.)

EBOOK PLATFORMS _____
 ONLINE PRINT-ON-DEMAND SERVICE _____
 AUTHOR-OWNED OR THIRD PARTY WEBSITE _____
 BOOKSTORES _____
 EVENT(S) _____

*MARKETING (Please describe the different ways that you have marketed your book. You may also enclose a detailed marketing plan.)

MARKETING PLAN ATTACHED

*AUTHOR'S ONLINE MEDIA PRESENCE (Please provide any links to social media accounts, eg., website, Facebook, Goodreads, Twitter, Instagram, used to promote your book.)

INCOME/FUNDING

*BOOK PRICE _____ *SALES TO DATE _____

*NUMBER OF UNITS SOLD (specify electronic and hard copy) _____

Please provide sources of funding, if applicable, or other forms of payment to you as author of the book. (Examples include, but are not limited to, crowdsourcing, reading or speaking fees, sponsorships, grants.)

*PAYMENT

INTRODUCTORY MEMBERSHIP IS \$100 (REGULAR ANNUAL MEMBERSHIP IS \$205). INDIGENOUS PERSONS MAY OPT FOR \$50 MEMBERSHIP. ALL APPLICATIONS INCLUDE A 50% NON-REFUNDABLE ADMINISTRATIVE FEE.

CHEQUE ENCLOSED To pay by credit card, please complete an application online at writersunion.ca/apply or call us at 416-703-8982 x 224.