



Application for Membership

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.

*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.*

BOOK FOR CONSIDERATION

BOOKS MUST BE PUBLISHED BY A COMMERCIAL OR UNIVERSITY PRESS. IF APPLYING WITH A SELF-PUBLISHED BOOK, PLEASE USE THE APPLICATION FORM FOR SELF-PUBLISHED AUTHORS.

*BOOK TITLE _____

*DID YOU SIGN A ROYALTY PAYING CONTRACT WITH YOUR PUBLISHER? Yes No

*WERE YOU OBLIGED TO PURCHASE A CERTAIN NUMBER OF BOOKS AS PART OF YOUR AUTHOR AGREEMENT? Yes No

*DID YOU PAY ANY COST TOWARDS THE BOOK'S PRODUCTION? Yes No

*ISBN _____

*GENRE _____ *PAGE COUNT _____

*PUBLISHER _____

*PUBLISHER'S ADDRESS _____

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

*PUBLISHER'S WEBSITE _____

*PUBLICATION DATE _____

I HAVE ENCLOSED A BIBLIOGRAPHY OF ALL OF MY BOOKS

I HAVE ENCLOSED A PHOTOCOPY OF THE TITLE PAGE, THE COPYRIGHT PAGE, AND THE TABLE OF CONTENTS (IF ANY)

A COPY OF MY LATEST BOOK IS ENCLOSED

*PAYMENT

INTRODUCTORY MEMBERSHIP IS \$100 (REGULAR ANNUAL MEMBERSHIP IS \$205). INDIGENOUS PERSONS MAY OPT FOR \$50 MEMBERSHIP.

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.