



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.

*NAME _____ DATE OF BIRTH _____

PEN NAME(S) _____

*STREET ADDRESS _____ STREET ADDRESS B _____

*CITY _____ *PROVINCE _____ *POSTAL CODE _____ COUNTRY _____

*HOME PHONE _____ EMAIL: _____

WEBSITE _____

*CITIZENSHIP (Please check)

Canadian

Permanent Resident in Canada

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

BOOKS MUST BE PUBLISHED BY A COMMERCIAL OR UNIVERSITY PRESS OR THE EQUIVALENT IN ANOTHER MEDIUM. SELF-PUBLISHED AUTHORS MUST USE THE APPLICATION FOR MEMBERSHIP IN THE WRITERS' UNION OF CANADA FOR SELF-PUBLISHED AUTHORS.

MY BOOK IS: *TITLE _____

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

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

*WERE YOU REQUIRED TO PURCHASE COPIES OF YOUR BOOK AS PART OF YOUR AGREEMENT WITH YOUR PUBLISHER? Yes No

*ISBN _____

*GENRE _____

*PUBLISHER _____

*PUBLISHER'S ADDRESS _____

*CITY _____ *PROVINCE _____ *POSTAL CODE _____

*PUBLISHER'S WEBSITE _____

*PUBLICATION DATE _____ *PAGE COUNT _____

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). MEMBERSHIP FOR INDIGENOUS PERSONS IS \$50.

CHEQUE ENCLOSED

PLEASE CHARGE MY VISA/MASTERCARD

VISA/MASTERCARD CARD NO. _____

EXPIRY DATE _____

SECURITY CODE _____