

Have questions? Contact info@crimewriterscanada.com

ASSOCIATE MEMBERSHIP FORM

All memberships are for 1 January to 31 December

Contact Information:

(Renewing members only need to fill in name and email unless there is a change in contact information)

Name (legal)		
Used name (if diff.)		
Preferred Pronoun	(e.g.: he/him; she/her; they/them)	
Address (street)		
City, Province		
Postal Code (+country if not Canada)		
Email		
Phone number(s)		
I am a...	<input type="checkbox"/> writer	<input type="checkbox"/> editor
	<input type="checkbox"/> publisher	<input type="checkbox"/> librarian
	<input type="checkbox"/> bookseller	<input type="checkbox"/> other

Members are listed by region on the Member Contacts page in the Members Only Section. This is primarily a resource for members organizing regional events. Please indicate below whether you give your permission to also list your contact information.

<input type="checkbox"/>	Yes. Please link the email address on this form.
<input type="checkbox"/>	Yes. Please use the following link:
<input type="checkbox"/>	No. I do not want a contact link.

DONATION for program development: In addition to my membership dues, I want to donate \$_____

I am enclosing in total with this form: \$_____
(Consult website for current fees or email info@crimewriterscanada.com)

Please make your cheque payable to Crime Writers of Canada.

Send cheque in Canadian funds and form to:

**Crime Writers of Canada
4C-240 Westwood Road, Guelph, ON N1H 7W9**