



## CANSCAIP MEMBERSHIP APPLICATION FORM

Yes! I would like to be a CANSCAIP professional member!

**NAME:** **ORGANIZATION:**  
**ADDRESS:** **POSTAL CODE:**  
**PROVINCE:** **CITY:**  
**PHONE:** **CELL:**  
**EMAIL:** **WEBSITE:**  
**BLOG:** **FACEBOOK:**  
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**YOUTUBE:**

\*If you are not a traditionally published author, illustrator, or a professional performer, please apply for a Friend/Associate membership.

Please check all that apply:      Author      Illustrator      Performer

I was a CANSCAIP professional member in the past:      Yes      No

I give CANSCAIP permission to contact me by email:      Yes      No

Note: Your contact information will not be shared with third-parties

Please list your latest relevant publications and/or performances, including publishing information and dates published or performed:

