

Mystery Writers Ink Society  Application for Membership

Name _____

Address _____ City _____

Province _____ Postal code _____

Email _____

Membership \$45/year ____

New members: \$40 anytime ____
(covers to the next September 30th regardless of join date)

Signed: _____

Consent to Disclosure of Personal Information to Other Members

By-law 1.08 Membership Register

The Society shall keep a register of the members containing full name, residential address, date on which the person is admitted as a member, date on which the person ceases to be a member and class of membership. The membership date of a member shall be the original date the member joined the Society either as a full member or as an associate member.

The membership list is confidential and shall be made available to the membership for the sole purpose of networking among members for writing related activities. Any other use is prohibited.

I agree to have my name, address, phone number, email address, membership number, membership class, date of joining, and expiry date of membership on the membership list that is circulated to Mystery Writers Ink members.

Signed _____

Please mail your application and cheque to:

**Mystery Writers Ink Society ☐
223 - 12th Avenue SW ☐ Calgary, Alberta T2R 0G9**