

The Society of Classical Poets
MEMBERSHIP APPLICATION FORM

First Name:

Last Name:

Middle Name (Optional):

Email Address:

Mailing Address:

Date that you purchased the journal (MM/DD/YYYY):

If you are an active poet, include below a brief bio, not exceeding 100 words. You may include place of residence, profession, any publication, website, and email:

Brief description of why you want to join the Society (optional):