



Application for Membership

Annual Membership Renewal Form

Date of Application: _____

RWA Number: _____

{All members of PLRW must be members of RWA}

Name: _____

Pen Name(s): _____

Address: _____

Phone #: _____ Fax #: _____ Cell #: _____

Alternate #: _____ Date of Birth _____

{Month / day / (optional - year)}

E-mail: _____ Web site: _____

May we share your contact information with other members? Yes _____ No _____

Writing Genres/Subgenres etc. _____

Publishing Credits (include titles, dates – use back if necessary):

Do you belong to other writing groups? _____

If so, please list them: _____

What topics/speakers would you like for our meeting? _____

Would you be interested in giving a presentation to the group? _____

Topics? _____

Would you like to volunteer for a committee? _____

The information on this form is confidential and for PLRW use only!

FOR ADMINISTRATIVE USE ONLY:

Membership verification date(s): _____

Dues Paid: _____

Notes: _____
