

MEMBERSHIP APPLICATION

Office Use Only:
Due Pd: \$
Date Pd:
☐ Membership List
□Card Issued

Name:				
	First	Middle	Last	
Address: Local				
	Street	City, State	Zip	
Phone: Local			_	
	Cell	Home		
Address: Other		0'' 0' '	7in	
Dhana, Othar	Street	City, State	Zip	
Phone: Other	Coll	Llomo		
Email Address	Cell	Home		
Email Address	Primary	Alternate	Web Site	
Genre:	Timary	Alternate		
	Poems ~ Published /in Proce	oss /Hono to		
books/Afticle/Stories/	Poems ~ Published /iii Proce	ess/Hope to		
Title		Publisher	ISBN	
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Title		Publisher	ISBN	
Title		Publisher	ISBN	
Title		Publisher	ISBN	
Title		Dublishor	ICDN	
		Publisher	ISBN	
What do you expect fro	m the Pine Island Writers Clu	ub? (Check all that apply)		
Act as a forum to present my works		Opportunity to meet other writers /exchange ideas		
Improve my own performance by reading in public		Hear other writers works for inspiration		
Networking		_ Receive constructive criticism		
Attend workshops to i	mprove writing skills	Camaraderie with other w	_ Camaraderie with other writers	
Learn how to be publi	shed	Gain topic ideas		
Get into a structured I	nabit of writing every week			
Other (Please List)				
(Membership expected	to participate each week readin	g their work~new, old, revisited	d, or suggested corrections)	

(If you Join: Apr-Jun \$18/ Jul-Sep \$12/ Oct-Dec \$6)

Annual Dues (Jan-Dec) \$24 (\$1.00 due at each meeting for rental on hall.) Dues prorated for new members only.