



Florida Writers Association Membership Application

For membership, please complete the following and mail with your check or money order to:
Florida Writers' Association, P. O. Box 66069, St. Pete Beach, Florida 33736-6069

You may also join online at floridawriters.net

PLEASE PRINT LEGIBLY

NEW MEMBER _____ RENEWAL _____ Member ID _____

Member Name

- (Dr./Mr./Ms/Mrs./Miss) _____
- Address _____
- City _____ County _____ State _____ Zip Code _____
- Home Phone (_____) _____ Email _____

MEMBERSHIP DESIRED: _____ **\$49 .00/1 year – timely renewals only**

- | | |
|---|--|
| _____ \$59.00/1 year; | _____ \$300.00 Corporate Membership |
| _____ \$89.00/2 years; | _____ \$750.00 FWA Lifetime Membership |
| _____ \$124.00/3 years General Membership | _____ \$15.00 Youth Writers (Age 9-17) |
| | _____ \$25.00 Young Adult (Age 18-22) |

In addition to my regular dues, I am including a special, one-time contribution to FWA of \$_____ (No amount is too small), understanding that these contributions will be used to help reach the goals of Florida Writers Association, Inc., and that neither is tax deductible.

Signature _____ Date _____

If eighteen or under, one parent's (or guardian's) signature is required _____

Young Member's Date of Birth _____

PAYMENT TYPE: CK _____ CASH _____ CREDIT CARD

Published Author: No _____ Yes _____

Genre: Fiction _____ Non-Fiction _____ Poetry _____ Other _____

Your Website URL: _____

Are you interested in helping FWA on a statewide level? Yes _____ No _____ If yes, in what way? _____

You will be notified of any available volunteer positions.

If Gift - From who?: _____

Thanks for supporting Florida Writers Association. "Writers Helping Writers" is not just a motto, it's what we do.

Cheyenne Williams, President

This organization reserves the right to refuse or cancel any membership if deemed necessary for the good of the organization. In this case, membership dues will be refunded.