



Writers' Alliance Newfoundland & Labrador

MEMBERSHIP APPLICATION

NAME: _____

MAILING ADDRESS: _____

POSTAL/ZIP CODE: _____

E-MAIL: _____

TEL: _____

ALT TEL: _____

Please select your preferred type of membership:

Regular

Must be a current or former resident of Newfoundland & Labrador.

(BY CHECKING THIS BOX, YOU ARE VERIFYING YOUR STATUS AS A FORMER/CURRENT RESIDENT.)

(\$55) GENERAL

(\$25) STUDENT/UNEMPLOYED/RETIRED

(\$135) 3 YEAR

(\$225) 5 YEAR

Youth (FREE). Must be aged 17 or under.

Date of Birth (MM/DD/YY): _____ School: _____

FOR REGULAR MEMBERS ONLY: I permit WANL to distribute my contact information to WANL members, publishers, and others who may wish to notify me of other literary events. Yes No

I would like a listing in the Writers for Hire section of the WANL web site. Yes No

Referred to us by a current WANL member? Please tell us their name so they may receive a one-time 50% discount on their annual membership: _____

Would you like to receive the WANL e-newsletter? Yes No

Would you like to become a WANL volunteer? Yes No

Membership payment method:

Cheque or money order (ENCLOSED) VISA MasterCard

Credit Card # _____

Expiry Date: _____

Cardholder's Name: _____

Call us at (709) 739-5215 or mail this completed form with payment to:

Writers' Alliance of Newfoundland and Labrador
Haymarket Square, 223 Duckworth Street, Suite 208
St John's, NL, A1C 6N1