

KANSAS WRITERS ASSOCIATION

www.kwawriters.org

Membership Application

KWA will not release information without the member's consent

					Date:
I am a:	Adult (22	years or older)	Dues: \$25.00 / year (I	Renews in	January)
	Youth (2)	l years or younger)	Dues: \$ FREE		
Name			Pseudonym(s)		
Address					
Phone					
E-mail					
Website / Twi	tter				
I write/a	m intereste	d in writing:			
Type					
Short S	Stories	☐ Non-Fiction - History ☐ Poetry			oetry
☐ Novels	3	☐ Non-Fiction - Memoir ☐ Se		creenwriting	
Genre					
Roman	ice - Sweet	Science Fiction	Cozy Mysterie	es	Thrillers
Roman	ice - Hot	Fantasy	Hard Boiled M	1 ysteries	Horror
Other:					
I would k	oe willing to	participate in the	e following:		
Email 1	Newsletter	Activities	☐ Monthly Meet	ings	Committees
	ite	☐ Facebook	☐ Twitter		Blog
Web S					

Mail the completed application to the address above, along with your check or money order made out to KWA, or apply at our monthly meetings.

Our mission is to inform, support, encourage, and promote the writer.

The Kansas Writers Association is a not-for-profit, 501(c)(3) organization.