

Membership Application

Please note: You must join RWA National before joining a local chapter. Until your National application is processed, we invite you to join GDRWA and attend monthly meetings. It will be up to the member to let us know when they are approved and have received their RWA National membership.

Date: _____

Name: _____

Pen Name (if applicable): _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Areas of Expertise: _____

Agent Name (if you have one): _____

Books Published (if any): _____

What would you like RWA to do for you? _____

National Membership Number: _____

Dues:

Full membership: \$30.00 annually

Associate membership: \$15.00 annually

* Dues cover from April to April

Mail this form with your check (made payable to GDRWA) to:

Robbie Terman
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Southfield, Michigan 48034
termanr@hotmail.com