ROMANCE WRITERS OF AMERICA Affiliate Application

(Please print or type information.)

Type of membership applying for: ○ Bookseller ○ Librarian

Name: _____ / _____
Last First Middle Title

Name of Library or Book Store: _____

Address: _____ **Country:** _____
Street City State Zip

Prefered mailing address: _____ **Country:** _____
(if different from above) Street City State Zip

Phone numbers: _____ / _____
Work 800-number

Fax: _____ **E:mail:** _____

I have attained the age of majority in the state in which I reside. I will embrace the purpose of Romance Writers of America, Inc., and agree to be bound by its Bylaws. I will observe faithfully the provisions thereof.

Signed: _____ **Date:** _____

DUES:
Membership Dues (Annual) $10

PAYMENT:
Total amount enclosed ..... $__

Membership Committee Action:

○ approved
○ not approved

Membership #_____

-- For checks: *Make check or money order (U.S. funds) payable to "Romance Writers of America." There is a $25 service charge on all returned checks. Mail to Romance Writers of America, P.O. Box 3916, Houston, Texas 77253-3916.*

-- For credit cards: *Fax to 832-717-5201*

Check one -- ❍ VISA ❍ MasterCard ❍ AmEx ❍ Discover

Card number: _____ Expires: _____

Signature: _____