



Romance Writers of America® Membership Application

ROMANCE WRITERS
OF AMERICA

Member Contact Information: Check here if renewing/reinstating RWA membership

Name: _____ **Pseudonym:** _____
Address: _____ **Country:** _____
 Street City State Zip/postal code
Phone number: _____ **E-mail address:** _____

Demographics: (check all that apply)

Unpublished writer

Published author: Romance fiction Fiction (in genre other than romance) Nonfiction

Editor/Publisher: _____ (list publishing house)

Agent: _____ (list agency)

Membership Type:

General Membership (writers/authors):
 General membership is open to all persons seriously pursuing* a career in romance fiction writing. Only General members have all rights of membership – such as the right to vote and hold office in Romance Writers of America.

Associate Membership (editors/agents/others):
 Associate membership is open to all other individuals who support the association and its purposes, and who do not meet the requirements for General membership. Associate members have no voting rights nor the right to hold office in RWA.

**Serious pursuit is self-determined and is not subject to outside challenge.*

Fees and Dues:

Required Fees (\$100) \$75.00 Annual Membership Dues + \$25.00 Processing Fee (one-time only, unless membership lapses)

Additional Fees (Note: Members outside the U.S. must pay additional postage for RWR delivery.)

\$15 First Class RWR Delivery in U.S. \$10 Canadian Postage \$36 European Postage \$42 Asia/Africa Postage

\$30 Pacific Rim Postage (Australia, etc.) \$ 28 Western Hemisphere Postage \$17 Mexico Postage

Total Payment Enclosed: _____

Please allow up to 3 weeks for processing. Make check or money order [U.S. funds] payable to “Romance Writers of America.” Mail payment and application to: Romance Writers of America, 14615 Benfer Rd, Houston, TX 77069. Credit cards may be faxed to: 832-717-5201. *Non-U.S. members must send payment by credit card or International Money Order, in U.S. funds, drawn on a bank with a branch in the U.S. through which the transaction can be made.*

Type of Card: AMEX Discover MasterCard VISA

Credit Card #: _____ **Expires:** _____

Signature: _____

By submitting this application, you acknowledge that you have attained the age of majority in the state in which you reside, will embrace the purpose of RWA, agree to be bound by its bylaws, and observe faithfully the provisions thereof.

Administrative use only: Date received _____ RWA membership # _____