



Alberta Romance Writers' Association

Membership Application

***Mail Applications to Alberta Romance Writers' Association,
2612 – 14A Street SW, Calgary AB T2T 3X7***

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone: _____ E-mail Address _____

Payment must accompany application. Please check appropriate category:

- | | |
|---------------------------------|--|
| <i>New member</i> | <input type="checkbox"/> <i>Full \$50 – Manuscript submission or proof of publication must accompany application</i> |
| | <input type="checkbox"/> <i>Associate \$60</i> |
| <i>Full Member Renewal</i> | <input type="checkbox"/> <i>\$50</i> |
| <i>Associate member renewal</i> | <input type="checkbox"/> <i>\$60</i> |

ARWA will guard the privacy of any information you provide.

Please read the ARWA [Privacy and Membership Policies](#) before returning this application

I have read the ARWA Privacy and Membership Policies and I accept the conditions of membership.