

20___ New Member Application for Brainerd Writers Alliance

Welcome, new member! Please fill out and hand in/mail with your dues.

Name _____ Date _____

Phone _____ Cell (optional) _____

Email _____

Address _____

_____ I am okay with having my phone/email included on the members communication list

_____ I intend to come to at least 3 meetings this year and be an active member of BWA

_____ I paid my \$20.00 dues to the Brainerd Writers Alliance Treasurer or,

_____ My \$20.00 check for dues is included, made out to Brainerd Writers Alliance

BWA Membership, Attn: Bev
6584 Parkview Circle, Baxter, MN 56425

Types of writing I do: _____

What I need/would like from this group: _____

Topics I would like to hear (or give) a short talk on: _____

Suggestions for Activities or Ideas to help us become better writers: _____

BWA's goal has always been to be a supportive, encouraging group of writers who meet regularly to hone their writing skills. We admire your desire to become a better writer.

Along with membership, you receive regular emails—info relating to workshops, contests, etc. You may read your work and be critiqued. See Guidelines for other benefits.

Monthly meetings will be held the **3rd Saturday** each month, from **10:00 a.m. to 1:00 p.m.** in the small conference room at the **Brainerd Public Library** unless otherwise notified.

My signature: _____

www.brainerdwriters.com