

LAKES AREA WRITERS ALLIANCE

MEMBERSHIP APPLICATION

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

Please fill out and hand in/mail with your dues.

Month: _____ Year: 20 _____

Name _____

Phone _____ Cell _____

Email _____ Author Website: _____

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 LAWA

_____ I prefer to be contact by _____ Email _____ Phone _____ Mail _____

_____ I am interested in being a Board Member or Committee Member

Types of writing

I write: _____

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: _____

LAWA'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, starting at 10:00am. Location is online via Facebook and Zoom for 2020, due to COVID. Please email info@lawamn.org with questions.

My signature: _____

Dues are \$30.00 per year. You may bring them to the monthly membership meetings or mail them in. Please make your checks out to Lakes Area Writers Alliance. Please mail your Application and check to LAWA C/O Carissa Andrews, 12238 Shadywood Street, Crosslake, MN 56442.