



RWA Chapter #94



*The Voice of Romance
In Central New York*

Membership Application

NAME: _____

PSEUDONYM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____ UNLISTED? Y / N

BIRTHDAY (Month/Day): _____ / _____ RWA # (if a member): _____

E-MAIL ADDRESS: _____

AREAS OF INTEREST (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Category | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Regency |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Gothic | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Thrillers |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Mainstream | <input type="checkbox"/> Other: _____ |

Your first two CNYRW meetings are FREE. Within three (3) months of joining CNYRW, YOU ARE REQUIRED to join Romance Writers of America (dues \$85.00 per year, plus a one-time processing fee of \$25.00 for new members).

CNYRW DUES: \$25 per year (make checks payable to CNYRW)

Please print this application and mail to:

CNYRW
Attn: Treasurer
PO Box 521
Liverpool, NY 13088