

TENNESSEE WRITERS ALLIANCE MEMBERSHIP FORM

Date _____

Name _____ Phone _____

Address _____

City, State ZIP _____

County (TN only) _____

Email _____

Membership Type: ___ \$30 Individual ___ \$15 Full-Time Student

What type(s) of writing are you interested in? _____

___ You may include my contact information in a membership directory.

___ You may share my contact information with other writers' organizations.

You can call on me to volunteer one (1) hour a week in the following areas:

___ Sending emails to members ___ Researching opportunities for Tennessee writers

___ Updating website (HTML NOT needed; must be familiar with any word processing program) ___ Making phone calls to gather or dispense info

___ Writing for newsletter ___ Illustrating/photography for newsletter or website

___ Selling ads for newsletter or website

Send your membership renewal to:



P.O. Box 120396
Nashville, TN 37212

Thanks for your support.

*Visit us online at
www.tn-writers.org*