

# Membership Application



Name \_\_\_\_\_

Pen name (optional) \_\_\_\_\_

Membership type     Regular: \$85     Student: \$25     Lifetime: \$400

School: \_\_\_\_\_

Full Address \_\_\_\_\_

Email (print very clearly) \_\_\_\_\_

Phone \_\_\_\_\_     Mobile     Home     Work

## **Websites & social media** (All is optional)

Website(s) \_\_\_\_\_

Twitter \_\_\_\_\_

Facebook \_\_\_\_\_

Your LinkedIn URL \_\_\_\_\_

## **Your writing** (All is optional)

*Have you been professionally published? If that writing is online, and you'd like to share it with others, provide the URL of the article/publication.*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

About your writing: If you'd like, share a couple of paragraphs about you as a writer and/or some of your published credits.

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**Volunteering & Ideas** (All is optional)

Would you like to volunteer to help us at event check in or to edit a newsletter or maybe help us plan our summer and winter parties?

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Ideas? Do you have other ideas for us? If so, feel free to share.

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You may either mail this application along with a check or bring it to an IWOSC Panel or Seminar and pay in person by cash, check or credit card.

Make the check payable to: IWOSC  
Please be sure the member's name is somewhere on the check.

Mail your check to our PO Box:  
IWOSC  
% 326 South Miraleste Drive #198  
Los Angeles, CA 90732