

## LEAGUE OF VERMONT WRITERS, INC.

Name, full mailing address, and email are required.

## OPEN TO ALL WHO MAKE WRITING A PART OF THEIR LIFE MEMBERSHIP APPLICATION

Mail this completed application to: LVW Membership, 157 Camp St., Barre VT 05641

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Name:				
Street Address:				
City:		State:	Zip:	
Phone:	Email Address:			
Your Website Address:				
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## WRITING INTERESTS

What do you enjoy writing? Check any that apply.

Fiction	
□Nonfiction	Journalism
□Poetry	□Memoir
□YA	□Poetry
□Children's	Other

Please select your preferred level of Membership:

□Single Membership/year \$45

- □Family Membership/year \$75, Please include the name of the other person to be included in your family membership above \_\_\_\_\_\_
- □ Student Membership/ Year 30.00 (While we trust you to apply as a student; you will be required to present current Student ID to attend any of our events at a discounted rate.)

We accept checks or money orders payable to League of Vermont Writers.