

MEMBERSHIP APPLICATION

*Name, full mailing address, and email are required, or membership cannot be processed. If you are applying for a membership at the student rate, please enclose a copy of your student ID with this application.

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

Name:				
Street Address:				
City:	Stat	te:	Zip:	
Phone:	Ema	il Ac	ldress:	
Your Website Address:				
WRITING AND MEMBERSHIP INTERESTS				
What do you enjoy writing? Check any that apply.				
			Children's Playwriting Journalism Memoir	PoetryOther
How would you like to receive League Lines: Email Mail				
Membership fees are stated below and are due at the time of sign up.				

Single Membership/year \$45

Family Membership/year \$75, Please include the name of the other person to be included in your family membership above

We accept cash or check. Make checks payable to League of Vermont Writers.