

SWA Membership Application

Application for Membership in the Seacoast Writers Association

Name _____ Date _____

Street Address _____ City _____ State _____

Zip _____ E-mail _____ New Member ____ Renewal _____

Writing Interests: _____

Experience Level _____

Workshops I would be interested in for future SWA conferences:

Special professional writing skills, background
that I would be willing to share in a workshop or other format:

Published Work?

Other relevant information you would like us to know:

Enclose Check for \$25.00 payable to **Seacoast Writers Association**

Please send with application to:

Michael Wade Registrar, Membership Chair

9 Brookside Drive

Stratham, NH 03885

For additional information you may call Mike (603) 778-8182

or e-mail beekah@comcast.net

Would you prefer your quarterly SWA newsletter mailed, or delivered by email? _____