

California Writers Club-Sacramento Application for Membership

Name*		Address* _	
City, State and Zip* _			
Telephone Numbers:	Home*		Mobile
Email Address*			
How did you hear abou	it us?		
What are you looking fo	or in joining our club?	(Please rate in	in importance 1st, 2nd, etc)
Connect	ting with the writing co	ommunity	
Talks or	writing process		
Talks or	າ publishing/marketing	9	
Critique	Group		
Other			
Writing Genres 1)	2)_		3)
\$45 and an initial first-y	/ear enrollment fee of itial enrollment fee of	\$20. When ap \$20.) The mer	5, which includes the annual dues of pplying after January 1, half year price is mbership year is July 1 through June
Associate Mem Life Member: \$6	: for all new members ber: for persons inter 675 with no renewal o	s. Please indica ested in provid dues hencefort	ding professional services to writers.
Mail your check with th CWC-Sacramento, P.C		/ale, CA 95662	2

Important: If you join on-line, we still need this form (either mailed as above, or scanned and emailed to Sacramentowriters@gmail.com.