



Alaska Chapter of the Romance Writers of America  
Membership Form

NAME: \_\_\_\_\_

RWA member number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Author Names: \_\_\_\_\_

Genres that you write: \_\_\_\_\_

Please give your completed membership form and membership payment of \$30.00 to and AKRWA officer or send to:

AKRWA Membership  
P.O. Box 672255  
Chugiak, AK 99567

or via electronically  
treasurer@akrwa.com