NEW MEMBER APPLICATION

California Writers Club - Central Coast Writers Branch

Please complete the following application, include any requested materials, a check (see "Dues"

Page 2) made payable to CWC Central Coast Branch,

and mail to: Central Coast Writers, Post Office Box 997, Pacific Grove, CA 93950

Thank you for printing clearly.

Name:			
Address:	City	State	Zip
Phone: ()	Cell Phone: ()		-
E-Mail:			
I write:			
Please choose the option	on that best describe you and you	r writing.	
	ne book published by a traditional	_	e past ten years.
Publisher:			
[] I have written a scree	enplay that has been filmed and di	stributed, or a	play that has been
performed before an aud	dience, in the past ten years.		
Name of film or play:			
[] I have self-published	at least one book in the past ten	years.	
Title of book:			
Publisher:			
[] I have published on s	some other platform.		
Details:			

[] I have yet to be published, but I am actively working on my writing.
[] I am involved in a writing related field.
Details:
[] I am not a writer, but I am joining to support the literary arts.
DUES: PLEASE READ CAREFULLY AND CHOOSE THE APPROPRIATE OPTION.
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[] \$65 full year rate – for all new members joining between July 1 and December 31. Membership will expire on June 30 of the upcoming year. Renewal dues will be \$45.
[] \$42.50 half-year option – for new members joining between January 1 and June 30.
Membership will expire on June 30 of the same year. Renewal dues will be \$45.
I have read and understand the above information about membership dues. If I am choosing the \$42.50 half-year rate, I fully understand that my membership will expire on June 30 of the same year and that I will be expected to pay \$45 to renew my dues on or before June 30.
SIGNATURE
DATE