



WILLAMETTE WRITERS

Membership Registration

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ + _____
Telephone: Work: _____ **Home:** _____
Fax: _____ **e-mail:** _____
Type of Writing You're Interested In: _____

How did you hear about Willamette Writers? _____

I hereby request a membership in Willamette Writers. Enclosed is my check for membership dues.

Signature _____ **Date** _____

PLEASE MAIL THIS FORM AND YOUR CHECK TO:

WILLAMETTE WRITERS, SUITE 5A, 9045 S.W. BARBUR BLVD., PORTLAND, OR 97219. IF YOU HAVE QUESTIONS, PLEASE CALL THE OFFICE AT (503) 452-1592.

MEMBERSHIP DUES

Willamette Writers memberships are \$36 annually from the month you enroll.

Individual - \$36.00

Junior - \$18.00

Family - \$54.00 Includes up to two adults and two minors living at same address. Please enclose complete names of family members.

NEWSLETTER OPTION

You may receive your newsletter either through the mail or as a PDF file via email. To receive a newsletter via email, send the request to wilwrite@willamettewriters.com

Thank you for your interest in Willamette Writers.