



MEMBERSHIP APPLICATION

To join WGOT print and fill out this application form and send it along with a check made payable to WGOT for \$30 (\$20 outside NC/\$15 student) to:

Writers' Group of the Triad
PO Box 4639
Greensboro, NC 27404

Please circle your relevant interests:

Writing: children's literature short stories/flash fiction memoir poetry science fiction/ horror/fantasy
mystery novel other: _____

Events: open mics author readings writing workshops writing to prompts

Please send me the most recent eBlast events listing (includes current events, contests, and submission opportunities. A monthly edition is automatically sent by email to all members.)

Please circle one:

Enclosed is a check for: \$30 (NC) / \$20 (outside NC) / \$15 (student)
for a: new / renewed annual membership.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternative Address (specify dates of occupancy): _____

Email: _____ Phone: day _____

eve _____ Twitter: _____

Website/blog: _____

I would like more information regarding membership, or have a general question:

