

# RWA Romance Writers of America®

## The Voice of Romance Writers

### AFFILIATE MEMBERSHIP APPLICATION

Please print the completed form, initial the Terms and Definitions and sign the application before submitting either by fax (832-717-5201) or by mail (14615 Benfer Road, Houston, Texas 77069)

MEMBER INFORMATION		
Type of Membership:    Bookseller    Librarian		
First Name:	Last Name:	
Name of Library or Bookstore:	Title:	
Street Address:		
City:	State:	ZIP/Postal Code:
Preferred Mailing Address (if different from above):		
Street Address:		
City:	State:	ZIP/Postal Code:
Phone Numbers (work):	(home):	
E-mail address:		
How did you hear about RWA?    Chapter    Friend    Website    Other (please explain: _____)		
Have you ever been a member of Romance Writers of America (RWA)    Yes    No		
TERMS AND CONDITIONS: Please <u>check each box</u> to acknowledge agreement with the terms and conditions		
<p>I understand that RWA Affiliate membership dues are <b>\$10.00</b> annually.</p> <p>Affiliate members may not vote in RWA elections. Affiliate members are eligible for a discounted registration rate for RWA's Annual Conference. Discount rates for chapter-related events are at the discretion of each chapter.</p> <p>By submitting this application, I acknowledge that I have attained the age of majority in the state in which I reside, will embrace the purpose of RWA, agree to be bound by its Bylaws, and observe faithfully the provisions thereof.</p>		
PAYMENT		
<p>Please allow up to 1 week for processing. Make check or money order [U.S. funds] payable to "Romance Writers of America." Mail payment and application to: Romance Writers of America, 14615 Benfer Rd., Houston, TX 77069. Applications with credit card payments may be faxed to: 832-717-5201. <i>Non-U.S. members must send payment by credit card or International Money Order, in U.S. funds, drawn on a bank with a branch in the U.S. through which the transaction can be made.</i> Dues are not deductible as a charitable contribution but may qualify as a business expense.</p>		
Total Payment Enclosed: \$ _____	Type of Card:	American Express    VISA    MasterCard    Discover
Name on Card: _____	Expiration Date:	Month: ___ / Year ___
Credit Card #: _____	CVC# (3-4 digits on back of card):	___
Signature: _____		