



## Membership Form

- New Membership  
 Renewal

Name	_____		
Email Address	_____	Phone	_____
Street Address	_____		
City, State, ZIP	_____		

<b>AWC MEMBERSHIP DUES</b>			
One-Year Membership	\$ 60.00	\$	_____
One-Year Student	\$ 10.00	\$	_____
Five-Year Membership	\$ 250.00	\$	_____
Lifetime Membership	\$ 499.00	\$	_____
<b>FAMILY MEMBERS (Enter names below)</b>			
	<u>Number of</u>		
Family Members - One Year	_____	\$ 30.00	\$ _____
Family Members - One-Year Student	_____	\$ 10.00	\$ _____
Family Members - Five Year	_____	\$ 125.00	\$ _____
Family Members - Lifetime	_____	\$ 250.00	\$ _____
<b>TAX-DEDUCTIBLE DONATION</b>			
AWC General Fund		\$	_____
AWC Scholarship Fund		\$	_____
<b>TOTAL</b>	<i>Make checks payable to <b>Atlanta Writers Club</b></i>		<b>\$ _____</b>
<p>Mail your check and this form to: <b>Atlanta Writers Club</b>  <b>c/o Jerry Weiner, Treasurer</b>  <b>8080 Jett Ferry Road</b>  <b>Atlanta, GA 30350</b></p>			

<b>VOLUNTEER OPPORTUNITIES</b>			
Yes! I would like to become an AWC Volunteer			
<input type="checkbox"/>	Monthly Meetings	<input type="checkbox"/>	Conferences
<input type="checkbox"/>		<input type="checkbox"/>	Book Festivals
<input type="checkbox"/>		<input type="checkbox"/>	Other _____

<b>Family Members</b>			
Name	_____		
Email Address	_____	Phone	_____
Name	_____		
Email Address	_____	Phone	_____