



**SHUSWAP**  
*association of*  
**WRITERS**

## Membership Application Form

PLEASE PRINT CLEARLY!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ persons @ \$25.00 = \$ \_\_\_\_\_

Membership fee enclosed

(cheque or money order only please, made payable to Shuswap Association of Writers).

Please DO NOT send cash in the mail. Memberships may also be purchased in person at the AGM in February.

You will be notified by email of all events, AGM, general meetings, etc.

Members receive discounts to some events and businesses.

SHUSWAP ASSOCIATION OF WRITERS

PO Box 1134

Salmon Arm, BC V1E 4P3

[www.shuswapassociationofwriters.ca](http://www.shuswapassociationofwriters.ca) or email:

info@saow.ca