

**CAPITAL REGION ROMANCE WRITERS OF AMERICA, INC.
NEW MEMBER APPLICATION**

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

E-mail Address: _____

Web Page/URL Address: _____

Are you a member of RWA? ____ Yes, Membership # _____
____ No, Please send me an RWA application

Are you currently published in any of the following areas:

____ Full Length Romance ____ Full Length Fiction

____ Non-Fiction ____ Other _____

____ I have enclosed a copy of my backlist and upcoming releases

____ Pseudonym(s): _____

What would you like most from this organization? _____

Would you be interested in volunteering? ____ Yes

Please send payment in the amount of **\$30.00** to:

Capital Region RWA

PO Box 314

East Greenbush, New York 12061

Make checks payable to: **CAPITAL REGION ROMANCE WRITERS**