

Membership Application Form

PERSONAL/CONTACT IN	FORMATION		
Name:		Email:	
Address:		Telephone:	
City:	Province:	Postal Code:	
WRITING EXPERIENCE	W	riting Genre	
Writing Level		Contemporary	
☐ Beginner		Historical	
☐ Intermediate		Paranormal	
Advanced		Erotica	
Published		Published	
Other, specify:		Other, specify:	
PAYMENT OPTIONS How would you like to pay?	☐ Cheque/Money Order (If you choose this option, on receipt of your application, the Registrar will inform you where to mail your payment.)		☐ In Person (You can make your payment in person to the Treasurer at the next
PayPal (Visit us at http://www.ottawaroma	, .	,	ORWA meeting.)
OPTIONAL INFORMATIO			· · · · · · · · · · · · · · · · · · ·
Occupation:		lave you ever been a f any other RWA chap	
If retired, please indicate occupation prior to retirement		No, ☐ Yes, if so, which	
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How Did You Learn Abou	it ORWA?	By applying, I understand an membership will only be acti of payment and confirmation	vated upon receipt
How Did You Learn Abou	ut ORWA?	membership will only be acti	vated upon receipt