



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 September.

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 or email:

festival.saow@gmail.com