

Shuswap Association of Writers

Membership Application Form

PLEASE PRINT CLEARLY! THANKS!

Name: _____

Address: _____

Postal Code: _____

Email address:

Ph. # _____

Membership fee enclosed (cheque or money order only please, made payable to Shuswap Association of Writers). Please DO NOT send cash in the mail.

_____ persons @ \$20.00 = \$ _____

You will be notified of all events, AGM, general meetings, etc. Members receive discounts to some events.

**SHUSWAP ASSOCIATION OF WRITERS
PO Box 1134
Salmon Arm, BC V1E 4P3**

www.saow.ca email: info@saow.ca