



# Peninsula Writers Membership Registration / Renewal

Whether you're just now joining Peninsula Writers ... renewing your membership for the first time ... or registering for the 30-somethingth time, we look forward to having you as a member of our writing community.

*Please note: Your PW membership becomes active upon receipt of dues payment of \$50, along with this completed membership form. Prior to expiration of your membership, you will receive notification of your renewal date.*

**REQUIRED INFORMATION** [Please see "OPT-OUT" and "OPTIONAL INFORMATION" preferences below.]

**Please print.**

**NAME** [As you would like it listed in the Membership Directory.] \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** [Required to receive PW communications.] \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

\* **OPT-OUT.** Please indicate which of the following, if any, you *do not want included* in the Membership Directory.

- Mailing address.
- Home phone number.
- Cell phone number.

Please provide the following additional **OPTIONAL INFORMATION** that you would like included in the Directory.

**OCCUPATION & EMPLOYER** \_\_\_\_\_

**TYPE OF WRITING** \_\_\_\_\_

**WEBSITE ADDRESS** [if applicable] \_\_\_\_\_

Return this form, along with your check for \$50, payable to Peninsula Writers, to:

PW Membership, c/o SJBTS  
PO BOX 1  
St. Johns, MI 48879

This is a **GIFT MEMBERSHIP**.

Please provide the name & mailing address *OR* email address for this individual on a Membership Form *separate from yours*, and follow payment instructions above.

Your gift will remain confidential.

**FOR OFFICE USE ONLY**

**LAST NAME** \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_

**CH #** \_\_\_\_\_ **AMT** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_

**GIFT MEMBERSHIP for:**  
\_\_\_\_\_