



Missouri Writers' Guild

Member Renewal

Renewal Year _____

Date: _____

Check one (see descriptions):

Full member (\$30): _____ Associate Member (\$30): _____ Student (\$20): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Website (if applicable): _____

Chapter Affiliation: _____

May we publish your contact information in the next member directory?

_____ Yes _____ No

Do you prefer to receive your quarterly newsletters:

_____ Electronically _____ Hard Copy

Make check payable to: **Missouri Writers' Guild**

Mail to:

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1400 Forum Blvd
Suite 1C PMB 306
Columbia, MO 65203