



The Missouri Writers' Guild Membership Application

Name:

Phone number:

Mailing Address:

E-mail:

Check the appropriate membership level:

Full Member:

Type of published work (short story, newspaper article, poem, etc.):

Title:

ISBN:

Publisher:

Date sold/date published:

Type of published work (short story, newspaper article, poem, etc.):

Title:

ISBN:

Publisher:

Date sold/date published:

Type of published work (short story, newspaper article, poem, etc.):

Title:

ISBN:

Publisher:

Date sold/date published:

Type of published work (short story, newspaper article, poem, etc.):

Associate Member:

Type of published work (short story, newspaper article, poem, etc.):

Title:

ISBN:

Publisher:

Date sold/date published:

Type of published work (short story, newspaper article, poem, etc.):

___ Student Member:

Full School Name:

Full School Address:

Area of writing (check all that apply to your work):

_____ Fiction

_____ Nonfiction

_____ Book

_____ Web

_____ Publishing

_____ Newspaper/Magazine

_____ Short Story

_____ Poetry

_____ Nostalgia

_____ Inspirational

_____ Humor

_____ How-to

_____ Historical

_____ Essay

_____ Children/Youth

_____ Science Fiction

_____ Mystery

_____ Western

_____ Romance

_____ Script

How did you hear about Missouri Writers Guild? (check all that apply)

Website

Friend

Flyer or handout

Other, please explain: _____

Did a Missouri Writers Guild member encourage you to join?

If So, who? Member's name: _____

If accepted for membership may we publish your contact information in the member directory? Yes No

Applicants Signature: _____

Mail To:

Liz Schulte, MWG Treasurer
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Columbia, MO 65203