

Date: _____

Friends of American Writers



**Friends of American Writers
Membership Application
Fawchicago.org**

Name _____ Spouse/Partner name _____

Preferred Listing Ms _____ Mrs. _____ Miss _____ Mr. _____ (Other) _____

Street Address _____

Address _____

City _____ State _____ Postal _____

Phone Number _____ Email Address _____

I would like to receive the newsletter by: mail _____ email _____

Kindly answer the following questions: (optional)

1. Special interests _____

2. Other Club Memberships _____

3. Office held _____

4. Career experience _____

5. Current member(s) in the club I know _____

Annual Dues (FAW fiscal year is May to April, with dues renewal in May of each year)

Payable to Friends of American Writers (FAW)

Full Year \$50.00 Jan to May \$25.00 Sustaining Club \$50.00

Signature _____

Please return to:

FAW Membership
c/o Pat Schneider
25 E. Superior St. # 2106
Chicago, IL 60611