



LEAGUE OF VERMONT WRITERS, INC.

League Of Vermont Writers

PO Box 398

Rochester, VT 05767

<https://leagueofvermontwriters.org/>

“OPEN TO ALL WHO MAKE WRITING A PART OF THEIR LIFE”

MEMBERSHIP APPLICATION

Name, full mailing address, and email are required.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Your Website Address: _____

WRITING INTERESTS

What do you enjoy writing? Check any that apply.

Fiction

Nonfiction

Poetry

YA

Children's

Playwriting

Journalism

Memoir

Poetry

Other

Please select your preferred level of Membership:

Single Membership/year \$45

Family Membership/year \$75, Please include the name of the other person to be included in your family membership above _____

Student Membership/ Year 30.00 (While we trust you to apply as a student; you will be required to present current Student ID to attend any of our events at a discounted rate.)

We accept checks or money orders payable to League of Vermont Writers.

Mail this completed application to: LVW Membership, PO Box 395, Rochester, VT 05767