San Diego Writers/Editors Guild

Application for Membership

Date: _____ 20___

Complete this application and send it with appropriate annual member dues to the address below. All applications must be approved by the Board of Directors. Fee will be returned if membership application is not approved.

Name _____

Street Address _____

City _____ State _____ Zip Code_____

Phone: Day (_____)_____Evening (_____)_____

Fax Number (_____)_____e-Mail _____

*Payment type: ____ Single Membership $36.00 ____ Full-time Student $20.00

____ Member & Spouse $49.00 ____ Out of Country/State $12.50

____ Young Members Forum $15.00

* Five dollar discount on dues if paid before December 31 of the prior year.

How would you prefer to receive your Guild Newsletter? _____ US Mail _____ e-Mail

Please circle the items to be listed in the Directory:

NAME / ADDRESS / TELEPHONE / EMAIL / WEBSITE / CREDITS

CREDITS: Description of work published, when and where. Use the lines provided below. Applicants for professional status must submit three samples of published, paid work with brief résumé. If unpublished, describe writing experience or present commitment and area of knowledge.

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Please mail application and check to:

SDW/EG, P.O. Box 881931, San Diego, California 92168-1931