



## HIGH DESERT BRANCH

### Membership Application

Please print all information legibly and mail to:

20258 Hwy 18, Suite 430-PMB 281

Apple Valley, CA 92307

Name		Home phone	
Address		Cell/Alt	
City		Fax	
State		E-mail	
Zip Code			

#### Interests (check all that apply):

<input type="checkbox"/>	Agent	<input type="checkbox"/>	Fiction	<input type="checkbox"/>	Memoir	<input type="checkbox"/>	Romance
<input type="checkbox"/>	Articles	<input type="checkbox"/>	Film/TV/Stage	<input type="checkbox"/>	Mystery	<input type="checkbox"/>	Science Fiction
<input type="checkbox"/>	Biography	<input type="checkbox"/>	History	<input type="checkbox"/>	Non-Fiction	<input type="checkbox"/>	Short Stories
<input type="checkbox"/>	Children's	<input type="checkbox"/>	Journalist	<input type="checkbox"/>	Poetry	<input type="checkbox"/>	Travel

#### Previous/current writing experience.

(No experience is acceptable as long as you have a desire to start writing and get published)

Genre(1)	Status(2)	Brief description

(1)**F**-Fiction, **NF**-Non-Fiction, **P**-Poetry, **ST**-Stage Play/Script, **SP**-Screenplays, **R**-Radio Script, **TV**-Television, **J**-Journalism; **PJ**-Photo Journalism, **E**-Editing, **SP**-Self-publishing, **O**-Online publishing.

(2)**P**-Published (include date), **UC**-under contract, or **IP**-in progress (IP includes work that you have written or are writing and may or may not publish in the future).

**CWC often needs volunteers for a variety of support efforts. Please indicate your interests.**

Pres/VP	Secretary	Treasurer	Critique Workshop Coordinator	Website
Programs	Newsletter	Bookstore	Restaurant Liaison	Raffle
Membership	Publicity	Workshop Coordinator	Historian	Photographer
Other:				

<b>Payment information</b>	<b>Amount enclosed</b>
Dues-full year (\$45) July 1- June 30	\$
Dues-after January 1 <sup>st</sup> half year (\$22.50)	\$
CWC New Member State Enrollment Fee	\$ 20.00
Check number	

If you are a **new member**, your full-year registration fee = **\$65.00**

If you are a **new member joining after Jan. 1<sup>st</sup>**, your half-year registration fee = **\$42.50**

If you are a **returning member whose membership has not lapsed**, your annual fee = **\$45.00**

Who referred you to CWC High Desert Branch? \_\_\_\_\_

May we share your name, phone number, genre, and e-mail with other High Desert Branch members? \_\_\_\_ Yes \_\_\_\_ No

Do you have personal automobile insurance (required for CWC volunteers)?  
\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN ANY OF THE AREAS BELOW**

Active	Associate	Affiliate	Youth	
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\_\_\_\_\_  
Approval Signature (Membership Chair)

\_\_\_\_\_  
Date