



New Member Information

Date _____

Mr./Ms./Mrs./Dr. First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

Email Address _____

Website Address _____

How did you hear of WriterHouse? _____

What are your writing interests? (please check all that apply)

<input type="checkbox"/> Short Fiction	<input type="checkbox"/> Novel	<input type="checkbox"/> Genre Fiction
<input type="checkbox"/> Narrative Non-Fiction	<input type="checkbox"/> Essay	<input type="checkbox"/> Journalism
<input type="checkbox"/> Memoir	<input type="checkbox"/> Poetry	<input type="checkbox"/> Playwriting/Screenwriting
<input type="checkbox"/> Other _____		

Racial Identity (voluntary question required for us to apply for certain grants) _____

I would like to volunteer for:

<input type="checkbox"/> Staffing Open Hours	<input type="checkbox"/> VA Fest of the Book	<input type="checkbox"/> Distributing brochures
<input type="checkbox"/> Librarian	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Outreach Committee	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Words & Wine (Oct.)	<input type="checkbox"/> Member Events	<input type="checkbox"/> Social Media Assistant
<input type="checkbox"/> Publicity	<input type="checkbox"/> Website Assistant	<input type="checkbox"/> Handyperson/Repairs

Volunteer Talents and Interests _____

To join by mail: Please enclose your check for \$50 made out to WriterHouse, Inc. and mail to: P.O. Box 222, Charlottesville, VA 22902. Additional donations are welcomed. **If you paid online,** please print and complete your application, and either mail it to the address listed above, or send it to programs@writerhouse.org. WriterHouse, Inc. is a 501(c)3 nonprofit charitable organization registered with the Virginia State Office of Consumer Affairs.