



Membership form

Sign me up!

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone _____ Email address _____

My membership category: _____ writer/reader (\$55)

_____ writer/reader family (\$75) _____ student/with ID(\$35)

_____ teacher(\$35) _____ senior 60+(\$35)

_____ veteran/current military(\$35) _____ librarian(\$35)

My additional tax deductible donation ensures that I'm doing all that I can to foster the literary arts in Indiana. You can count on me as a:

_____ friend (\$100-249) _____ patron (\$500-999)

_____ mentor (\$250-499) _____ muse (\$1,000+)

Payment method:

_____ Check payable to the "Indiana Writers Center"

_____ Visa or MC # _____ exp. date _____

Cardholder's signature _____

Amount enclosed Membership fee: \$ _____

Additional donation: \$ _____ (tax deductible)

Total: \$ _____

Please send form and payment to:

Indiana Writers Center
1125 Brookside Avenue, Suite B25
Indianapolis, IN 46202-2085

If you would like to volunteer at the IWC please call us 317.255.0710 or email mail@indianawriters.org. Thanks!