



Membership Application

Mail to
PSWA
PO Box 250
Olalla, WA 98359

Name

First:

Last:

Pseudonym or other name you use professionally:

E-mail:

Address (used only if we can't contact you by email or phone):

Street Address:

City, State / Province:

Zip Code:

Phone:

Phone Number:

Alternate Phone:

Membership fee: (Check one)

- One year (\$55)
- Two years (\$100)
- Three years (\$135)
- Corporate Sponsor for one year (\$250)



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If you are a new member, how did you hear about us?

Published titles, if any. If you are renewing, list works published since you last renewed.