



NAME _____

Pseudonym(s) if published in romantic fiction _____

Specify name(s) to be listed on GVC's membership list _____

RWA® MEMBERSHIP NUMBER _____ RWA General Member or RWA Associate Member

ADDRESS _____

City _____ Postal Code _____ 18 or older? Y / N _____

PHONE _____ E-MAIL _____

Your contact information will be included in GVC's membership list (for RWA®-GVC approved use only) unless you state otherwise.

Publishing industry status:

- Unpublished
- Bookseller
- Published in short romance fiction
Publishing house(s): _____
- Librarian
- Published in book-length romance fiction
Publishing house(s): _____
- Agent
Name of Agency: _____
- Published in another fiction genre, in non-fiction, or journalism
- Editor
Publishing house: _____

How did you hear about RWA® and GVC? _____

I voluntarily accept and agree to be bound by the Bylaws and Policies of the Greater Vancouver Chapter of RWA®, and will observe faithfully the rules thereof.

Signed _____ Date _____

Please make your cheque payable to RWA-GVC. Dues are \$35.00, renewed July 1 every year. If you join during July-December, remit \$35.00; January-June, remit \$20.00.

Enclose payment with this application form and mail to:

Membership Secretary, RWA®-GVC
PO Box 36522
Seafair P.O.
Richmond, BC V7C 5M4