

Gulf Coast Writers Membership Application

Please print and fill out the following membership application form
and mail it, with the appropriate dues to:

Gulf Coast Writers
PO Box 35038
Panama City, FL 32412

NEW MEMBER _____ RENEWAL _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Country of Residence: USA _____ Other: _____

Company Affiliation/Occupation: _____

Home Phone: () _____ Fax () _____

Work Phone: _____

Email Address: _____

Web site URL: _____

Membership year: May - April
Joining after October? Pay \$20.00.
\$30.00 General Member

Signature: _____ Date: _____

Make checks payable to Gulf Coast Writers and mail to:
Gulf Coast Writers, PO Box 35038
Panama City, FL 32412

In addition to my dues, I am including a donation to GCW of \$ _____ for outreach programs for young people.