

Membership Application Form

First Name:		Las	Last Name:			
Address:						
Town/City:		State:		Pos	stcode:	
Telephone:		Mobile:				
Email:						
☐ I am happy for my contact details to be made available to other members of NEWC						
☐ I do not wish my contact details to be made available to others						
Age Group:		Membership Fee:		Per year (incl. GST)		
	under 18		Individual Member	\$3	0	
	18 — 30		Tertiary Student	\$2	0	
	30 — 50		Student under 18	\$1	5	
	50 — 70	Do	Donation:			
	70 +		I would like to support the New England Writers Centre by making a donation of \$			
		TC	OTAL:	\$		
Payment:						
I ch	noose to pay by:					
	Cash					
	Money Order					
	Cheque (payable to New England Wri	ters	Centre), or			
	Direct Deposit (New England Mutual BSB: 932000 account 618658 – please add S9 if you are transferring payment from another New England Mutual account). Please remember to send NEWC a brief email message stating the details of your payment. Thank you.					
Areas of interest: (Please tick as many boxes as applicable)						
	Publication opportunities		Fiction		Writing for children	
	Writing competitions		Poetry		Young adult	
	Workshops & seminars		Non-fiction		Memoir	
	Book readings		Journalism		Self-Publishing / ePublishing	
	Discussion groups / Book Clubs		Fantasy		Blogging	
	Other					
Literary or other relevant skills / experience:						
Date:						
Signature:						

You can fill in this form on the computer and print it directly to send by post to:

New England Writers Centre, PO Box 1219 Armidale NSW 2350, or

DOWNLOAD the form and SAVE. Then use the computer to complete it, and EMAIL it as an attachment to admin@newc.org.au