



**FELLOWSHIP OF AUSTRALIAN
WRITERS NSW INC.**

Application for membership Isolated Writers' Branch

Please use block letters:

I, (full name of applicant).....

of (address).....

.....

phone:..... email:.....

hereby apply for membership of the above-named incorporated association. I agree to be bound by the constitution of the association for the term of my membership.

Signature

Date

Office use only:

Date received:

Signature: (Membership Secretary/Convenor/Other)

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