



SAN DIEGO CHRISTIAN WRITER'S GUILD

Membership Application (12 months)
Please print!

Name: _____.

Address: _____.

City: _____ State: _____ Zip: _____.

Home Phone: () _____ Work: () _____.

Email: _____.

Membership (circle one):

Regular \$35

Family: \$40 (one newsletter sent to same address)

Fixed Income (Student/Senior over 65): \$30

Do not list me as a new/returning member in the Guild's newsletter

Do not list me in the member section of the Guild's web page.

*Please indicate dues in memo section of check
make payable to SDCWG.*

Mail to SDCWG, P.O. Box 270403, San Diego, CA 92198

www.sandiegocwg.org



