

**SUNCOAST WRITERS GUILD, INC.**

**MEMBERSHIP FOR 2019**

**PLEASE PRINT CLEARLY**

**Name(s)** \_\_\_\_\_

**Local Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Mailing Address If Not a Full Time Resident:**

\_\_\_\_\_  
\_\_\_\_\_

**MAKE CHECK PAYABLE TO *SUNCOAST WRITERS GUILD, INC.***

\_\_\_ **Single Member**            **\$20.00**

\_\_\_ **Member and Spouse**    **\$30.00**

\_\_\_ **High School Student – Eligible for free membership under the Bernie & Phyllis Reading  
Student Membership Grant Program**

\_\_\_ **Full Time College Student – Eligible for free membership under the Bernie & Phyllis Reading  
Student Membership Grant Program**

**Return this application along with your dues to the Membership Chairperson at a meeting or mail  
to:**

**Membership Chair  
Suncoast Writers Guild, Inc.  
P.O. Box 221  
Englewood FL 34295**

**This form will be used for the roster. The Membership Chair will forward the payment and names  
to the Treasurer.**