



Marco Island Writers Membership Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Genre: ie. Mystery, Memoir, Romance (even if you are not published, your interest)

Amount Paid: _____ (See Schedule Below)

Cash or Check Only: made out to Marco Island Writers, Inc.

Mailed to: Connie Gaertner, Treasurer

380 Seaview Ct. #1105, Marco Island, FL 34145

Beginning January 2016, dues will be \$45.00 per year. No monthly prorations.

Family rates for two members of the family will be \$70.00 (a \$20.00 savings)