

Young Virginia Writers Club (YVWC)

A division of the Virginia Writers Club, founded in 1918

www.viriniawritersclub.org/YVWC

MEMBERSHIP APPLICATION

Membership is FREE and open to all middle school and high school level students regardless of race, gender, national origin, religion or disability. Parent/Guardian permission required.

NOTE: Upon receipt of your application, you will be notified of the closest group(s) meeting in your area. If there is an existing YVWC group meeting in your area and you know which one you'd like to be involved with (see YVWC website for listings), please specify which County/City _____. If there is no group meeting near you at this time, a Virginia Writers Club volunteer mentor will be assigned to help you until a group forms in your area.

(PLEASE PRINT OR TYPE CLEARLY IN BLACK INK)

STUDENT INFORMATION:

Name (First) _____ (Middle/Initial) _____ (Last) _____

Address _____

City/State/Zip _____

County _____ Closest Major City _____

Phone Number (_____) _____ Fax Number (_____) _____

Email _____ Website _____

Currently Attending: Public School Private School Homeschool Alternative School Other

Current Grade Level _____ AGE _____ BIRTHDATE ____/____/____ SEX Female Male

Name of School or Other Facility you attend _____

City/State/Zip _____

NEWSLETTERS & OTHER ANNOUNCEMENTS: Please send: By Mail By E-mail*

(*Email is quicker & saves money. Funding of the YVWC is made possible by donations acquired via contributions and fund-raising activities.. By selecting to have your newsletters and other announcements sent to you via E-mail, the YVWC will have more funds to spend on activities!)

PARENT/GUARDIAN INFORMATION:

Name of Parent/Guardian (First) _____ (Initial) _____ (Last) _____

Address same as above, or _____

City/State/Zip _____

Phone # same as above, or (_____) _____ Fax # same as above, or (_____) _____

Email _____ Website _____

CHECK IF APPLICABLE: Yes, I'm willing to volunteer for activities when I'm able

I have experience in the writing and/or publishing field. I'm willing to:

assist with activity planning/coordination

be a guest speaker

serve as a substitute leader at a meeting

Student Signature

Parent/Guardian Signature *(Indicates permission to participate)*

MAIL TO: Linda Layne, YVWC Chairperson • P. O. Box 115 • Bremono Bluff, VA 23022