



P.O. Box 57083 RPO Eastgate
Sherwood Park AB T8A 5L7
www.wfscsherwoodpark.com
email: wfscsherwoodpark@hotmail.com

WFSC Young Writer's Membership Application

Name: _____ (please print or write clearly)

Email address: _____

Telephone number: _____

Mailing address: _____

If you are a member of any other writing-related groups please list them below:

What are your writing interests? _____

What do you hope to learn or gain from your membership in the WFSC?

I agree to abide by the rules of the Writers Foundation of Strathcona County.

Signature _____ Date _____

Consent of Parent or Guardian: I hereby give permission for the youth shown above to join as a member of the WFSC.

Signature of parent or guardian: _____

Please print name of parent/guardian: _____

Contact information: Email address _____ Phone # _____

Date _____