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## 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 \_\_\_\_\_