



Writers Foundation of Strathcona County

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WFSC 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 and background with writing or publishing?

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 _____