

Australian Horror Writers Association



Email: members@australianhorror.com

Inc No: A0047558M

MEMBERSHIP APPLICATION

By submitting this application, I acknowledge that the information provided on this form is true and accurate. In the event of my admission as a member, I agree to abide by the rules of the association.

*First Name/s:	*Last Name:
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* Please provide your legal first and last names for the Membership Register.

If you have a pseudonym, shortened name, or nickname that you would prefer to use for your public profile, please include it below.

Preferred Name/ Pseudonym (if applicable):
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Address Line 1:

Address Line 2:

Suburb:	State:	Postcode:
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Country (Other than Australia):

Phone: ()	Email:
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Gender (M or F):	Year of Birth (if preferred, tick an age range below):					
	<18:	18-30:	31-40:	41-50:	51-60:	61-70:

For current membership fees, please go to: <http://www.australianhorror.com/index.php?view=33>

Payment of fees will be requested once your application has been approved by the committee.

Please mail your completed application to:

**Australian Horror Writers Association
Post Office
ELPHINSTONE VIC 3448**

<http://www.australianhorror.com>