



# Children's Book Writers of Los Angeles

## MEMBERSHIP FORM

### PERSONAL INFORMATION

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

Check if you are on Meetup. Meetup name:

ADDRESS:

PHONE NO:

Home:

Mobile:



EMAIL ADDRESS:

Check here if you would like to receive our quarterly newsletter via email.

WEBSITE:

BLOG:

TWITTER:

FACEBOOK:

CURRENT OCCUPATION:

HOW DID YOU HEAR ABOUT CBW-LA?

*(please note: membership form continues on other side)*

### FOR CBW-LA OFFICERS' USE ONLY

Membership Type  
One-Year  
Two-Year  
Supporter

Paid  
Amount:  
Date:  
Valid Thru:

With  
Cash  
Check  
Credit (PayPal)

CBW-LA Officer Initials:

## **CBW-LA MEMBERSHIP INFORMATION**

**WRITER/ILLUSTRATOR/OTHER:**

**GENRE (PB/MG/YA):**

Check if you are interested in joining a small critique group for your genre.

**PUBLISHED (YES/NO):**

Self-published

Published with printing house. Which one?

Published in a magazine or anthology.

**PUBLICATIONS/BOOK TITLES:**

**OTHER WRITING GROUPS/ORGANIZATIONS:**

**ARE YOU INTERESTED IN A LEADERSHIP/VOLUNTEER POSITION IN CBW-LA?**  
(Please specify what you might be able to contribute. We could always use help with newsletter content, event check-in and registration, set up, clean up, fundraising, snacks. We also welcome agents, editors and published authors to serve as guests speakers or panelists. Of course, if you have another talent you'd like to share, please let us know!)

**HOW WOULD YOU DESCRIBE YOUR STATUS ON THE ROAD TO PUBLICATION?**  
(i.e. amateur or hobbyist, first draft, revising and looking for critique, ready to query, under contract with publisher or agent, published)

Mail completed form & payment to: **CBW-LA / PO Box 4376 / Torrance, CA 90510**

OR

E-mail form and submit dues via PayPal to: **cbwla2012@gmail.com**