

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:	*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:
Country (Other than Australia):		

Phone: ()	Year of Birth:
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Email:	Gender (M or F):
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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 along with your payment to:

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

<http://www.australianhorror.com>