



GOLD COAST WRITERS' ASSOCIATION INC.
P O Box 441, Pacific Fair, QLD 4218
www.goldcoastwriters.org
gcwa.membersec@gmail.com

Gold Coast Writers' Association Membership Application

PERSONAL DETAILS						
Title:	First Name:	Last Name:				
Address:						
Postcode:	Telephone:		Mobile:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>			
Age Range:	0 - 15 <input type="checkbox"/>	16 - 39 <input type="checkbox"/>	40 - 65 <input type="checkbox"/>	+65 <input type="checkbox"/>		
Email:						
Website:			Blog:			
SOCIAL MEDIA ACCOUNTS:						
Facebook:			Twitter:			
LinkedIn:			Instagram:			
Other:						
WRITING LEVEL:	Interested <input type="checkbox"/>	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced / Professional <input type="checkbox"/>		
GENRE:	Fiction <input type="checkbox"/>	Non-Fiction <input type="checkbox"/>	Other <input type="checkbox"/>			
Published Author:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Publication Details:			
Agented:	No <input type="checkbox"/>	Yes <input type="checkbox"/>				
WHAT DO YOU HOPE TO GAIN FROM THE GCWA?						
HOW OR WHERE DID YOU HEAR ABOUT THE GCWA?						
MEMBERSHIP FEES						
Please tick the appropriate fee:						
New Membership	\$40.00	<input type="checkbox"/>	Child Membership / Renewal	\$5.00	<input type="checkbox"/>	
Annual Renewal	\$35.00	<input type="checkbox"/>	(Up to 15 years of age)			
<input type="checkbox"/> Cheque or Money Order attached (Payable to Gold Coast Writers' Association Inc.)						
<input type="checkbox"/> Direct Deposit BSB: 034 279 Account Number: 435356 (Please use Surname and Initial as Reference)						
By signing below, you agree that you are aware of and will abide by the GCWA Constitution, Members Code of Conduct and Rights and Responsibilities. Full details incl. Membership advantages are on the GCWA website: https://goldcoastwriters.org/about/memberships/						
SIGNATURE:				Date:		
PARENT'S SIGNATURE: (FOR CHILD)				Date:		
Please Note: GCWA committee reserves the right to cancel membership for any reason, if deemed in the best interests of the association and members. By signing this form, you agree to receive notices from the GCWA.						
Office Use Only						
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Card Issued	<input type="checkbox"/> Member No.	<input type="checkbox"/> Receipt No.		