

Adirondack Writers' Resource Guide



Entry Form for NEW 2007 Edition

(Top portion is for ACW use only; bottom portion is to appear in Resource Guide.)

Name _____
Organization _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone _____
E-MAIL _____

Which of the following would you like included in your entry for contact information?

- Mailing Address Phone E-mail
 Web site: _____

Please check all box(es) that apply:

- Writer* Editor* Proofreader* Publisher*
 Indexer* Funder Illustrator* Photographer*
 Research Organization Presenting Organization (school, library, art center, etc.)
 Bookstore/bookseller

- CHECK HERE if you are available for **public presentations**, readings, etc.

*On the back: Please include a brief bio. Published writers, include an up-to-date list of publications.

Writers: Please check box(es) which most closely describe the genre(s) you work in:

- | | | | |
|--|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Creative Nonfiction | <input type="checkbox"/> Fiction | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Nonfiction |
| <input type="checkbox"/> Short Story | <input type="checkbox"/> Children's | <input type="checkbox"/> Young Adult | <input type="checkbox"/> Essay |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Poetry | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Screenwriting | <input type="checkbox"/> Columns | <input type="checkbox"/> Book Reviews | <input type="checkbox"/> Promotional |

— OVER —

Please return to: Adirondack Center for Writing, PO Box 265, Paul Smiths College, Paul Smiths, NY 12970

If applicable, please include:

Publications:

Awards:

Comments: (past experience, writing interests, work for hire, etc.)

Check one: I am already a current member. My membership is included below.

ACW MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Amount Enclosed \$ _____

Membership Level: (Please Select One)

- | | | |
|---|---|--|
| <input type="checkbox"/> Donor: \$250 or more | <input type="checkbox"/> Small Business: \$50 | <input type="checkbox"/> Family \$40 |
| <input type="checkbox"/> Contributor: \$249 - \$100 | <input type="checkbox"/> Non-profit organization \$40 | <input type="checkbox"/> Individual \$25 |
| <input type="checkbox"/> Friend: \$99 - \$50 | | |

Payment Method:

- | | | | | |
|--------------------------------|-------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
|--------------------------------|-------------------------------|-------------------------------------|---|-----------------------------------|

Name on Card _____

Card #: _____

V-Code (last three numbers on back) _____ Expiration Date _____

Amount to be charged _____

Please return to: Adirondack Center for Writing, PO Box 265, Paul Smiths College, Paul Smiths, NY 12970

— Thank You —