



Delaware Literary
Connection

DELAWARE LITERARY CONNECTION MEMBERSHIP FORM

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Day): _____ (Evening): _____ Email: _____
Writing experience or interest (poetry, short stories, etc.) _____
Additional information you wish included in the membership directory: _____

Please make the check for your membership dues payable to the **Delaware Literary Connection** and mail it to:
Delaware Literary Connection, 237 Cayman Court, North Pointe, Wilmington, DE 19808. **One year: \$15; Two
years \$30.**