

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, Wilmington, DE 19808. **One year: \$15; Two years \$30.**