

MARA Membership Application



NAME: _____

PSEUDONYM(S): _____

ADDRESS:

Street: _____

City, State, Zip: _____

PHONE # (including area code): _____

WORK PHONE (optional): _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

RWA NUMBER (required): _____

BIRTHDAY (month and day): _____

Mail application and \$40 check to:

Mid-America Romance Authors
PO Box 8625
Prairie Village, KS 66208-0625