

MARA Membership Application



NAME: _____

PSEUDONYM(S): _____

ADDRESS:

Street: _____

City, State, Zip: _____

PHONE # (including area code): _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

RWA NUMBER (required): _____

BIRTHDAY (month and day): _____

Mail application and \$40 check to:

Mid-America Romance Authors Membership
8900 Caenen Lake Rd
Lenexa, KS 66215