



Horror Writers Association Membership Application

(Applications are also accepted online at www.horror.org/application.htm)

Date: _____

Applying for: Active Associate Affiliate

First Name _____ Last Name _____

Pseudonym(s) _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone: Home _____ Work _____ Fax _____

E-mail (just one, please) _____

Web URL (just one, please) _____

Agent Name & Address _____

If there is any info above that you do not want listed in our Member Directory, or if you would like your directory info to be different from that listed above, please specify here:

How did you find out about HWA?
