INTERNATIONAL ASSOCIATION OF CRIME WRITERS
NORTH AMERICAN BRANCH

Membership Application

Please mail this application and a check for $60.00, payable to IACW, to IACW/NA at the mailing address listed on crimewritersna.org

NAME: _____

PEN NAME (if any): _____

COUNTRY: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL/WEBSITE: _____

AGENT (if any): _____

ADDITIONAL INFORMATION: *Authors and screenwriters, please provide us with a list of your works. Editors, critics, and agents, please give some indication of your relationship to the crime genre. Booksellers, the name of your store, please.*

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