



**SECTION 2: To Be Completed by Applicants for Associate Category Only**

Qualifying Occupation:

Name, Address & Phone Number of Company:

If you are a Reviewer, please list name of publication:

Membership in other professional organizations (please list):

**SECTION 3: To Be Completed by Applicants for Active Category Only. Do not list self-published or cooperatively published works.**

**List your published works:** (1) Books: List title, publisher, date. (2) Magazine stories/articles: list title, magazine, date. (3) Films, TV, radio, stage: list title, producer, year. (4) Other published works. Use reverse side if necessary.

I have received at least \$1,000 in payments in monies for my fiction or non-fiction book. Or I have received at least \$200 for my short stories or scholarly articles or chapters in non-fiction books. **PROOF OF PAYMENT MUST BE SENT WITH THIS APPLICATION.**

Name and address of literary agent

Membership in other writers' organizations (please list)

**SECTION 4: To Be Completed by All Applicants:**

**I certify that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please send completed applications to:

**Mystery Writers of America**  
**1140 Broadway Ste 1507**  
**New York, N.Y. 10001**  
**FAX: 212-888-8107**

Please enclose a check for \$95.00, covering your first year's dues. You may also pay by credit card:

Visa or MasterCard or American Express  
(circle one)

Credit card # \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ Exp Date \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature \_\_\_\_\_

(as it appears on credit card)

Address: (if different than above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office use only:

Received	Paid	Membership #	Status	Chapter
Approved by Board				

**Mystery Writers of America**  
1140 Broadway, Suite 1507, New York NY 10001  
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