**EXILED WRITERS INK**

# Membership form

Name:

Address:

Telephone:

Fax:

E-mail:

Country of origin:

Type of writer:

Publications:

Is any of your work in English? Yes / No

Are you interested in doing work in schools and colleges? Yes / No

What is your special interest if you are not a writer in exile?

Any other points

Signed Date

You will be kept informed of all activities of the organisation and may have an opportunity to participate in paid work.

**Membership of Exiled Writers Ink:**

**£15**

If there are problems regarding payment, please contact EWI in confidence.

**Donations would be much appreciated.**