



www.writersworkspace.com

APPLICATION

The Writers WorkSpace is a membership-based work and meeting space for writers of all genres.

Mail or fax this application to:

The Writers WorkSpace
5443 N. Broadway
Chicago, IL 60640
Fax (773) 751-2242

Name _____ Email _____

Address _____ Home Phone _____

_____ Cell Phone _____

How did you hear about The Writers WorkSpace? _____

Check the appropriate membership plan:

All memberships require a one-time initiation fee of \$65.

| | | |
|---|--|---|
| <p>Full-time: 5 am – midnight, 365 days per year</p> <p><input type="checkbox"/> Monthly (\$140)</p> <p><input type="checkbox"/> 6 Months (10% discount)</p> <p><input type="checkbox"/> Full Year (10% discount; initiation fee waived)</p> | <p>Part-time: 5 - 9:30 am & 6 pm – midnight weekdays, 5 am – midnight weekends, 365 days per year</p> <p><input type="checkbox"/> Monthly (\$85)</p> <p><input type="checkbox"/> 6 Months (10% discount)</p> <p><input type="checkbox"/> Full Year (10% discount)</p> | <p>10-Pass Membership: Full-time access</p> <p><input type="checkbox"/> 10-pass (\$140) good for 60 days</p> |
|---|--|---|

Professional references:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Description of current or future project(s) _____

Published works (if any) _____

Residencies, fellowships, grants, etc. _____

If this application is approved, I understand that the privileges of membership with The Writers WorkSpace may be revoked if the rules and regulations are not adhered to and, upon notice from The Writers WorkSpace, I agree to forfeit my membership, keycard or other evidence of membership.

I further agree not to hold The Writers WorkSpace responsible for loss of, or damage to, any books, notes, computer, clothing, or other property belonging to me.

Signature _____ Date _____