



Australian Society of Authors

Application for Membership

You can join the ASA by printing this form and faxing or sending it to the ASA:

PO Box 1566, Strawberry Hills NSW 2012

Fax: 02 9318 0530

Payment can be made by cheque or credit card. If at any stage you need help with this form you can contact the office at asa@asauthors.org or telephone 02 9318 0877.

PERSONAL DETAILS

Title: _____
Given names: _____
Family name: _____
Pen Name (optional) _____
Company: _____
Home address: _____
Suburb: _____ State: _____ Postcode: _____
Postal address: _____
Suburb: _____ State: _____ Postcode: _____
Country: _____
Phone: _____ Fax: _____
Mobile: _____ Email: _____

We will send you the ASA Newsletter and occasional communications

ADDITIONAL INFORMATION

1. Literary agent (if applicable):

2. Your website: _____

We can link to your website through the Author Search page

3. Were you previously a member of the ASA? (please circle): Yes No

4. Please indicate the main areas you work in (no more than three):

- Fiction
- Non-fiction
- Children's writing
- Picture book illustration
- Poetry
- Young Adult
- Graphic Novels

