

**INTERNATIONAL ASSOCIATION OF CRIME WRITERS
NORTH AMERICAN BRANCH**

Membership Application

(Send check for \$60.00, payable to IACW, to IACW/NA, PO Box 8674, New York, NY 10116-8674)

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.
