



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | |
|------------------|--|
| Name: | Pen Name: |
| Email: | Home Phone: Cell Phone: |
| Current address: | |
| City: | State: ZIP Code: |

BOOK INFORMATION

| Title | Publisher | Genre |
|-------|-----------|-------|
| | | |
| | | |
| | | |

BOOK DISTRIBUTION METHOD

How can bookstores purchase bulk quantities of your books?

AUTHOR BIOGRAPHY

Tell us about yourself. (250 words or less)

AUTHOR WEBSITE INFORMATION

Please list any personal websites you may have.

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| | |
| | |

DISCOVERY INFORMATION

How did you hear about The Long Island Authors Group?

REFERENCES

| Name | Address | Phone |
|------|---------|-------|
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| | | |

SIGNATURES

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my not being admitted to Long Island Authors Group (LIAG). I understand that upon my admission to LIAG, I will be required to pay to LIAG a first year pro-rated annual due based upon the calendar date of my admission to LIAG.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

Please complete the application and submit with copies of your published book to:

**Long Island Authors Group
PO Box 1289
Smithtown NY 11787-3712**