



## CLASS REGISTRATION FORM

*You may use this form to register for up to three classes*

Please print clearly:

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please enroll me in the following class:

Class Title

Non-Member Fee

Member Fee

Discounted Fee

(Student Member, Teacher Member, Senior Member, Military Member)

Please circle one

\_\_\_\_\_

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TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_

I am a member of the IWC ☐ (please ☒ if applicable)

\_\_\_\_\_ Check or Money Order  
Checks Payable to "Indiana Writers Center"

\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

CCV# \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Printed Name \_\_\_\_\_

Where did you find out about this class? \_\_\_\_\_

My Accessibility Needs: \_\_\_\_\_

*All enrollments are subject to the Indiana Writers Center class registration policies*

MAIL FORM AND PAYMENT TO:

Indiana Writers Center

PO BOX 30407

INDIANAPOLIS, IN 46230-0407