Tennessee Screenwriting Association

# MEMBERSHIP APPLICATION

**Name:** **Phone:**

**Email Address:**

**Street Address:**

**City:** **State:** **Zip/Postal Code:**

**Preferred Method of Contact (check all that apply):**

- ☐ Email
- ☐ Text
- ☐ Phone Call

**Tell us a little about you (check all that apply):**

- ☐ I have never written a screenplay before.
- ☐ I am working on my first screenplay now.
- ☐ I have written several screenplays.
- ☐ I have written screenplays which have placed or won in script competitions.
- ☐ I have had a screenplay optioned, sold, or produced.
- ☐ I work in the TV or film industry.
- ☐ **I am interested in volunteering with TSA or joining a Committee.**

**My experience and skills include:** _____

_____

By submitting this Membership Application, you agree to comply with the membership terms and conditions and the applicable policies and bylaws of the Tennessee Screenwriting Association.

By submitting this Application, you agree to receive correspondence in the form of emails, texts, and printed items and that you may opt-out of correspondence without forfeiting membership in the Organization.

Mail the completed Membership Application along with a personal check or money order to the Tennessee Screenwriting Association, P.O. Box 160044, Nashville, TN 37216. Membership dues are non-refundable. Complete information on TSA Membership and member benefits is online at *www.TennScreen.com*.