

YAAG – YOUNG AUTHORS AND ARTISTS GROUP SIGNUP FORM

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Password (8 character minimum): _____

Birthdate: _____

PAYMENT INFORMATION:

Make your check for \$35.95 payable to Young Authors and Artists Group.

Send this form and your check to:

YAAGroup

PO Box 660

Ringoes NJ 08551

PARENTAL PERMISSION:

I give permission for my child to join YAAG – Young Authors and Artists Group.

Name: _____ Date: _____

Signature: _____

IMPORTANT NOTE: AFTER WE RECEIVE YOUR CHECK, WE WILL SEND YOU A CONFIRMATION EMAIL. YOU CANNOT ENTER THE "MEMBERS ONLY" AREA OF THE WEBSITE UNTIL YOU RECEIVE THIS FORM.

www.yaagroup.org