

OMFC Writer's Application



PO BOX 2097
West Lafayette, IN 47996
admin@omfchange.com

Name: _____

Email Address: _____

Phone Number: _____

Age: _____

Address: _____

Do You Have Writing Experience (Please Circle or Delete One)

Yes

No

If So, What?

Do You Own (Please Circle or Delete):

A Laptop

Recording Device

None

***Please Include a Writing Sample with your Application. (Topic can be on anything/2 Page Maximum)**