

**MYSTERY WRITERS OF AMERICA
New York Chapter
2025 MENTOR PROGRAM APPLICATION**

NAME (and Pen Name if any) _____

PHONE NUMBER: _____

I confirm that I am a paid-up member of MWA-NY (Check here) _____

RELEASE

I acknowledge that I have requested a mentor from the New York chapter of Mystery Writers of America to review my manuscript entitled _____ and provide editorial and publishing advice regarding the manuscript. In connection therewith, I hereby release Mystery Writers of America, its employees, agents, and representatives, and the reviewer from all claims, suits, and damages related to or arising from this review and the advice provided, including but not limited to any claim of copyright infringement or use of intellectual property.

SIGNATURE OF AUTHOR: _____

PRINT NAME OF AUTHOR: _____

EMAIL OF AUTHOR: _____

DATE: _____

MAIL COMPLETED FORM AND A \$25 CHECK PAYABLE TO MWA-NY TO:

SHEILA YORK (ATTN: MWA-NY MENTOR PROGRAM)
49 MORSE AVENUE
BLOOMFIELD, NJ 07003

**REMEMBER: DO NOT SEND YOUR MANUSCRIPT WITH THIS RELEASE FORM.
MANUSCRIPTS MUST BE SENT ELECTRONICALLY TO mentors@mwany.org.
THE RELEASE FORM AND CHECK MUST BE SENT BY REGULAR MAIL.**