## Mailing Address: Clayton Medical Fund 1915 SE Taylor Portland, Oregon 97214

Gross Income: \$

## **Clayton Memorial Medical Fund**

(503) 239-7641 Website: www.osfci.org/clayton Email: Clayton@osfci.org Corporate Address: Clayton Medical Fund P.O. Box 5703 Portland, Oregon 97228

Net Income: \$

## **Application**

The Clayton Fund helps professional science fiction, fantasy, horror, and mystery writers living in the Pacific Northwest states of Oregon, Washington, Idaho, and Alaska deal with the financial burden of medical expenses.

We generally follow the standards of Science Fiction and Fantasy Writers of America (SFWA) for Active or Associate membership in determining professional status. We also accept professional membership in Mystery Writers of America (MWA) and Horror Writers of America (HWA). For both the MWA and the HWA, that means Active membership. We also give aid to professional genre writers who are not members of the organizations we list, but when we do so, we apply the general standards used by SFWA. All decisions regarding eligibility for aid are, however, made by the Clayton Memorial Medical Fund Board of Trustees.

 $\textbf{To apply for aid,} \ please \ fill \ in \ the \ form \ below \ and \ mail \ or \ email \ it \ to \ us.$ 

Name:		m bolow and man	or ornan ic to	u0.		
Address:						
City:				State:	Zip:	
Email Address:				<del></del> _	<u> </u>	
Professional Status  Members of	-	embership in a ssociate Member	·	l organizatio	n, at the levels	
Genre Writers Organization Please Check Box	Science Fi Writer	ction and Fantasy s of America SFWA)	Mys of	tery Writers America (MWA)	Horror Wi of Amer (HWA	riters rica
Members of The Fo Writers Organiza Who Have Published in the Genres the Serves	tion I Fiction	list, Inc. Aut	nors Guild	of Media	tional Association Tie-In Writers AMTW)	
Professional Status If you are not a memberstatus by certifying the small press publicatio	er of one of the at you have ear	writers organizati ned net income m	ons above, w	e ask that you		
Novel Length Work ( (dramatic script) or so of a single work earne	stage play with	credits clearly s	hown on the	work or prog	gram: Net income	e from sale
Works Under 40,000 work of at least 1,000 Board of Trustees.						
Title:			Length:			
Publication Date: Month:		h:		Year:		
12 Month Income i	Period:	Mont Start:	h Year	E	Month ind:	Year

Expenses: \$