Beta Reader Information Sheet

Thank you for your interest in serving as a beta reader.

Name: _____ Pen name? _____

Mailing address: _____

Email address: _____ Phone: _____

How do you prefer to be contacted? _____

Are you a WAG member? _____ You do not have to be a member to be a volunteer reader.

Why do you wish to serve as a beta reader? _____

Tell us a bit about yourself: _____

_____

_____

Optional: If you wish to attach a resume and/or photo, you may do so.

If you have a website or blog, please provide the URL: _____

Have you written a book, and if so, in what genre? _____

Please tell us the title of your favorite book and why you liked it: _____

_____

What genre(s) of book do you prefer to read? _____

_____

Please list genres you would not read: _____

Can you usually read a book and provide feedback within 3 weeks? _____

By signing this form, you agree that this information may be shared with an author whose manuscript you might read. By signing, you also pledge to the author that you understand and agree that the author owns the copyright, and you will keep the story confidential.

Signed: _____ Date: _____

Please print, complete, and email this form to BetaReaderCoordinator@writersalliance.org.