



MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (day) _____ (eve) _____

Email _____

YES! I want to become a MEMBER of Playwrights' Platform:

One Year Membership : \$35.00

I am a (Check as many as apply):

- Playwright
- Actor
- Director
- Technician

I would like to volunteer to assist in programs and/or administration.

Send this form, along with your tax-deductible check or money order to:

Playwrights' Platform
398 Columbus Ave.
#604
Boston, MA 02116-6008