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# THE PLAYWRIGHTS' CENTER

## NEW PLAYS ON CAMPUS • INSTITUTIONAL MEMBERSHIP APPLICATION

Check One:  New  Renewal

Term of enrollment is determined at time of registration. Please copy this form for your records and retain it in lieu of a receipt. By submitting this application, you agree to the enclosed outline of benefits, limitations and responsibilities.

Please sign and date your application and send with a check for \$275 made out to: The Playwrights' Center, 2301 Franklin Avenue East, Minneapolis, MN 55406-1099. The Playwrights' Center's tax ID is 41-6170139.

**NOTE:** The Playwrights' Center's role is matchmaker; the Center will not handle contracts or negotiations on either your institution's behalf or a playwright's. When a match is made, The Playwrights' Center will hand over the relationship to the agreeing parties, and scheduling arrangements for production, residency and/or instruction will be the responsibilities of the college and playwright.

**INSTITUTION NAME:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**CONTACT'S TITLE:** \_\_\_\_\_

**CONTACT'S DIRECT PHONE:** \_\_\_\_\_

**CONTACT'S E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**THEATER DEPARTMENT'S WEBSITE ADDRESS:**

\_\_\_\_\_

(Continued)

**OTHER STUDENTS / PARTICIPANTS**

(Please list up to six additional names, e-mail and postal addresses of students/others who will have access to membership benefits through this account. **Additional participants may be added at a cost of \$20 per participant per year.** If necessary, please attach a separate sheet to list additional participant information.)

NAME	E-MAIL ADDRESS	U.S. MAIL ADDRESS	Student or Faculty?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

CONTACT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_