



Membership Application

Connection • Development • Education • \$50 per year

Contact Information

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Form of Payment

Check enclosed
(Made payable to The Playwrights' Center)

Credit Card

Membership may also be purchased without this form through our secure checkout at www.pwcenter.org. Please leave "keep my email address confidential" UNCHECKED to receive e-bulletins and other announcements.

Credit Card Payment

Card Number

Expiration Date

Signature

Mail or fax to:

The Playwrights' Center • 2301 Franklin Avenue East • Minneapolis, MN 55406-1099
info@pwcenter.org • www.pwcenter.org • phone (612) 332-7481 • fax (612) 332-6037

Office Use Only

REC'D _____ DB LS **N R** HC UN _____

CK/AC _____ XP _____ PW _____