

PLAYWRIGHTS' WORKSHOP MONTRÉAL

Membership Application

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Country: _____

Telephone (home): _____

Telephone (work): _____

Email address: _____

Writing Membership - \$55

Student Membership - \$20

Supporting Membership - \$45

Please accept my donation of _____
(we will issue you a tax receipt)

Please send membership form and fee to:

Playwrights' Workshop Montréal
P.O. Box 604
Station Place d'Armes
Montréal, PQ H2Y 3H8