

# PLAYWRIGHTS' WORKSHOP MONTREAL

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Email address: \_\_\_\_\_

Writing Membership - \$50

Student Membership - \$15

Supporting Membership - \$40

Please accept my donation of .... \_\_\_\_\_  
(we will issue you a tax receipt)

Please send membership form and fee to:

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