

INTERNATIONAL CENTRE FOR WOMEN PLAYWRIGHTS

MEMBERSHIP FORM I am a: New Member _____ Renewing Member _____

Your Name:	
Address 1	
Address 2	
Town/ City	
Zip/Postcode	
Country	
Telephone. No	
Email address	
Date	Month _____ Day _____ Year _____

Membership Dues Tick applicable	Pay What You Wish US \$.....(complete the amount) Student US \$15 _____ Sister / Mister US \$25 _____ Big Spender US \$35 _____ Angel US \$50 _____ Your Highness US \$75 _____ Deity US \$100 _____
Donation	Amount US \$ _____
Total Check	US \$ _____

Please make your check or money order payable to “ICWP Inc.” and mail it with this form to:

Kit Wainer
ICWP Treasurer
110 S. Albany St
Ithaca, NY 14850
USA

*** Please ensure you use the correct Postage Rate.
THANK YOU FOR YOUR SUPPORT!**