**MPN Membership Form**

**Type of Membership: Check One:**

**Individual Membership: $35 Organizational Membership: $50**

**Student Membership: $15**

(Please identify the school where you are enrolled, and also your education level; for example, “I am a sophomore in College.”)

**Name of School:**

**Education Level:**

**Name:**

**Email Address:**

**Telephone:** Home:

Cell:

**Mailing Address:**

**Twenty-five (25) Word Bio:**

**Send this completed form, and your check made payable to:**

**Montana Playwrights Network**

**Mail to:** Montana Playwrights Network; PMB 2052, 1 Jackson Creek Road, Clancy, MT 59634.

**OR: Check here**

**if you paid online at** [**www.MontanaPlaywrights.org**](http://www.MontanaPlaywrights.org) **and email completed form to:** **montanaplaywrights@gmail.com**

**FOR ORGANIZATIONAL MEMBERS ONLY:**

Send a jpeg or tiff file of your organization’s logo to: montanaplaywrights@gmail.com