

**WOMEN PLAYWRIGHTS INTERNATIONAL INC.
INFORMATION & MEMBERSHIP FORM**

**Please fill out form if you'd like to become a member of WPI– Thank you.
COMPLETED FORMS SHOULD BE RETURNED TO The Steering Committee WPI,
Email: wpintl@wpinternational.net**

NAME: _____

COUNTRY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E MAIL ADDRESS: _____

SKILLS THAT YOU WOULD BE WILLING TO OFFER TO WPI:

TITLE: (Examples: playwright, teacher, artistic director)

ORGANIZATION – COMPANY – INDIVIDUAL

(Please circle one of the above and if applicable provide name of Organization/Company & E MAIL)

_____ E Mail _____
