

APPLICATION FOR MEMBERSHIP

Please complete and return to TAW, along with your resume, and headshot if you have one. Writers, please also include a sample of your work.

Here's the address:

THEATRE ARTISTS WORKSHOP
5 Gregory Boulevard
East Norwalk, CT 06855
Attention: Admissions

I AM A: (circle one or more)

Writer

Actor

Director

Allied professional (composer, choreographer, designer, etc.)

APPLYING FOR: (check one)

_____ Full Membership

_____ Associate Membership

_____ Apprentice Membership

NAME: _____

E-mail: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE : _____

1. Why would you like to become a TAW member?



THEATRE Artists WORKSHOP

(203) 854-6830 | artists@taworkshop.org | www.taworkshop.org

2. What skills/contributions would you bring to the Workshop?

3. How did you learn about us?

4. Is your application sponsored by a member of TAW? If so, what is the member's name?

5. Training: _____

6. Union Affiliations: _____

7. Special Skills: _____

8. Anything to add? _____

Thanks!

SIGNATURE: _____ *DATE:* _____



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