

# THEATRE ARTISTS WORKSHOP

5 Gregory Blvd.  
East Norwalk, CT 06855  
203/ 854-6812

Dear Applicant,

Thank you for your interest in the Theatre Artists Workshop. To aid the Board of Directors in considering your application as a playwright, please submit the following:

The completed application form;

Three copies of a completed dramatic manuscript (television or film scripts may be submitted for consideration in addition to the dramatic work); include a self-addressed stamped envelope for the work if you wish it returned;

A stamped self-addressed postcard for us to notify you of receipt of your submission.

Please send your submission to the following address:

**Theatre Artists Workshop**  
**5 Gregory Blvd**  
**Norwalk, CT 06855**  
**Attn: Admissions**

We invite you to visit our membership page to look at the different categories of membership. If you have any questions or would like to discuss anything further, please feel free to contact me at 454-2737.

We look forward to hearing from you.

Sincerely,

Tess Link

For the Admissions Committee

APPLICATION FOR MEMBERSHIP - Please complete and return to the Workshop

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5 Gregory Blvd • East Norwalk, CT • 06855

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Applying for \_\_\_\_\_ Full Membership \_\_\_\_\_ Apprentice Membership (check one)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SERVICE/BUSINESS \_\_\_\_\_

1. What do you want from TAW? \_\_\_\_\_

\_\_\_\_\_

2. What can you contribute to TAW? \_\_\_\_\_

\_\_\_\_\_

3. How did you become aware of TAW? \_\_\_\_\_

\_\_\_\_\_

4. Is your application sponsored by a member of TAW? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

5. Name the discipline you are pursuing (actor, writer, director) or allied field (composer, choreographer, designer, etc.): \_\_\_\_\_

6. All applicants should submit a resume indicating professional experience. Actors should also submit an 8 x 10.

7. Training: \_\_\_\_\_

8. Union Affiliations: \_\_\_\_\_

9. Special Skills: \_\_\_\_\_

10. Additional Information: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_