



BUSINESS MEMBERSHIP APPLICATION		
BUSINESS INFORMATION		
Business Name:		
Type of Business/Service(s) Provided:		
Current address:		
City:	State:	ZIP Code:
My business is a:	<input type="checkbox"/> Non-Profit (\$250 Membership Rate) <input type="checkbox"/> For-Profit (\$150 Membership Rate)	
Payment Made Via:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Please Call 206.770.0370)	
Website:	E-mail:	Phone:
Discount/Service Offered to TPS Membership:		
Use this box to describe your company, give a brief history, or explain your plans for the future.		
INDIVIDUAL MEMBER INFORMATION		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Position at Business:		
ADDITIONAL INDIVIDUAL MEMBER INFORMATION		
Name for Individual Membership		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Position at Business:		
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:

This form may be printed and sent to TPS via fax: **206.441.7383** or mailed to:

Theatre Puget Sound
P.O. Box 19643
Seattle, WA 98109

Payment may be made by check or credit card (Non-Profit Rate: \$150, For-Profit Rate: \$250)

Questions? Contact Us: tps@tpsonline.org or 206.770.0370