

Ninety Miles off Broadway Membership Application

Please fill out and return this form with payment to:
90 Miles off Broadway
C/O 8 Brookside Road
New Platz, New York, 12561

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Please choose from on of the following:

_____ BENEFACTOR (\$100.00 per year)

_____ SPONSOR (\$50.00 per year)

_____ PATRON (\$25.00 per year)

_____ MEMBERSHIP (\$10.00 per year)