

Play Cafe

MEMBERSHIP APPLICATION

Please print or type all information.

REGULAR MEMBERSHIP \$60.00

STUDENT/SENIOR/LIMITED-INCOME \$45.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

Please return this form, along with your check for the amount of your membership level payable to "Play Cafe, Inc." to:

Play Cafe

PO Box 655

Berkeley, CA 94701