



Poetry Slam, Inc.

www.poetryslam.com

Membership Application Form

Make check or money order payable to Poetry Slam, Inc. Please mail membership application to:
Deb Marsh, Poetry Slam, Inc., 11462 East Lane, Whitmore Lake, MI 48189

New Member Renewal Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail Address: _____

Name of venue: DC Slam (DC)/ SLAMicide (Baltimore, MD)

Membership level: If paid on line, indicate date. _____

___ Basic (\$15) ___ Associate (\$35) ___ Booster (\$50) ___ Sustainer (\$100)

___ Patron (\$500) ___ Benefactor (\$1000)

Poetic License Information (New Members Only)

Date of Birth: _____

Endorsements: _____

Restrictions: _____

Gender: _____ Height: _____ Poetic Foot Size: _____

Photo enclosed. Send a tiny photo (1"x1") if you want your photo on your license.
for office use only

Paid: ___ cash ___ check # _____ membership # _____