

SOUTHERN ORDER OF  
**Storytellers**

MEMBERSHIP FORM

Please Print

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SELECT YOUR MEMBERSHIP LEVEL

FAMILY \$35

SINGLE \$25

ORG/BUSINESS \$50

STUDENT \$5

(Proof of Student Status must be included with membership application)

YOUTH \$2

LIFETIME SINGLE \$250

LIFETIME FAMILY \$350

FRIEND OF SOS

*I would like to become a "Friend of SOS" with a donation to support the preservation and perpetuation of the art of storytelling!*

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100 \_\_\_\_\_ Other

Make your check payable to:

Southern Order of Storytellers

P.O. Box 1002

Alpharetta, GA 30009

THANK YOU FOR SUPPORTING  
THE SOUTHERN ORDER OF STORYTELLERS

[www.SouthernOrderOfStorytellers.org](http://www.SouthernOrderOfStorytellers.org)