

S SOUTHERN ORDER OF S STORYTELLERS

MEMBERSHIP FORM

NAME _____

ADDRESS _____

CELL PHONE _____

HOME _____ WORK _____

E-MAIL _____

- | | |
|---|----------------------------------|
| FAMILY MEMBERSHIP | <input type="checkbox"/> \$35.00 |
| SINGLE MEMBERSHIP | <input type="checkbox"/> \$25.00 |
| STUDENT MEMBERSHIP
<small>(Proof of Student Status must be included with membership application)</small> | <input type="checkbox"/> \$5.00 |
| YOUTH MEMBERSHIP | <input type="checkbox"/> \$2.00 |

FRIENDS OF SOS: I would like to become a "Friend of SOS" with my donation of:

_____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ Other

Make check payable to: Southern Order of Storytellers or SOS

Mail to: SOS Membership, 5739 Chisholm Trail, Lilburn, GA 30047-6208

Memberships run from January to December of the year in which paid.

**THANK YOU FOR JOINING
THE SOUTHERN ORDER OF STORYTELLERS**

Monthly meetings at Neighborhood Cluster Groups
Periodic Workshops and Classes

Website: www.SouthernOrderOfStorytellers.org