

Southern Order of Storytellers

2019 Membership Application

Please Print

NAME _____
ADDRESS _____
CITY ST ZIP _____
PHONE _____
E-MAIL _____

SELECT YOUR MEMBERSHIP LEVEL

- INDIVIDUAL includes text directory listing (200 characters) \$25
 add enhanced directory listing (400 characters, picture, and link) \$20
 STUDENT (Proof of student status must be included) free
 LIFETIME includes enhanced directory listing \$300

FRIEND OF SOS

I want to support the preservation and perpetuation of the art of storytelling!

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

TOTAL: \$ _____

Make your check payable to:
Southern Order of Storytellers
P.O. Box 3744
Peachtree City, GA 30269

Contact me! I would like to Get More Involved in SOS

THANK YOU FOR SUPPORTING THE SOUTHERN ORDER OF STORYTELLERS