



Southern Order of Storytellers 2020 Membership Application

Please Print

NAME _____

ADDRESS _____

CITY ST ZIP _____

PHONE _____

E-MAIL _____

SELECT YOUR MEMBERSHIP LEVEL

- INDIVIDUAL \$25
- STUDENT (Proof of student status must be included) free
- add Storyteller Directory Listing on SOS Website to either above \$20
- LIFETIME includes 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