



Southern Order of Storytellers
Membership Application

Please Print

NAME _____

ADDRESS _____

CITY ST ZIP _____

PHONE _____

E-MAIL _____

SELECT YOUR MEMBERSHIP LEVEL

- | | |
|--|-------|
| <input type="radio"/> INDIVIDUAL | \$25 |
| <input type="radio"/> STUDENT (Proof of student status must be included) | free |
| <input type="radio"/> add Storyteller Directory Listing on SOS Website | \$20 |
| <input type="radio"/> 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
101 Crossbow Court
Peachtree City, GA 30269

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