



## 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  
P.O. Box 530012  
Birmingham, Alabama 35253

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