



## Georgia Storytelling Network

### 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 GSN Website \$20
- LIFETIME includes Directory Listing \$300

#### FRIEND OF GSN

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

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

TOTAL: \$ \_\_\_\_\_

Make your check payable to:  
Georgia Storytelling Network  
P.O. Box 530012  
Birmingham, Alabama 35253

Contact me! I would like to Get More Involved in GSN.