

S SOUTHERN ORDER OF S STORYTELLERS

MEMBERSHIP FORM

NAME _____

ADDRESS _____

WORK PHONE _____

HOME PHONE _____

E-MAIL _____

FAMILY MEMBERSHIP	<input type="checkbox"/>	\$35.00
SINGLE MEMBERSHIP	<input type="checkbox"/>	\$25.00
STUDENT MEMBERSHIP (Proof of Student Status must be included with membership application)	<input type="checkbox"/>	\$5.00
YOUTH MEMBERSHIP	<input type="checkbox"/>	\$2.00

Make check payable to: Southern Order of Storytellers
Mail to: SOS Membership, P. O. Box 1002, Alpharetta, GA 30009-1002
Dues are from January to December

**THANK YOU FOR JOINING
THE SOUTHERN ORDER OF STORYTELLERS**

Annual events: Winter Storytelling Festival
Fall Tellabration

Monthly meetings: at Neighborhood Cluster Groups

Periodic Workshops and Classes

E-mail: sosmailcmt@aol.com

Website: www.SouthernOrderOfStorytellers.com