

Alabama Storytelling Association

Membership Form

Name: _____

Name of Institution/Organization (If Applicable): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

County of Residence (AL only): _____

Email: _____

Telephone

Home: _____

Work: _____

Cellular: _____

May we share your contact information with other ASA members? Yes No

Dues: (Make check payable to the **Alabama Storytelling Association**)

_____ Regular: \$25.00 @ year

_____ Student: \$15 per year

_____ Institution/Organization: \$40 per year

_____ Sponsor: \$100 per year

_____ Supporting: \$500 per year

_____ Sustaining: \$1000 per year

Teller Wanted List

When an event planner contacts ASA looking for a storyteller, every member on the Teller Wanted List receives a notice with contact information on the event planner.

Do you want to receive Teller Wanted notices? Yes No

We'd love to hear your suggestions? _____

Mail to: **Alabama Storytelling Association**
P.O. Box 19062
Huntsville, Alabama 35804