

NJSN Membership Form



Yes- I'd like to Join the work of NJSN

Benefits of Membership

- Strengthen the movement for the recognition of storytelling as a diverse art form.
- List your storytelling skills in the directory Find A Storyteller
- Receive a 10% discount on membership in the National Storytelling Network.
- Take part (as teller, volunteer or listener) in annual Storytelling Festivals
- Obtain resources and information about storytelling
- Be introduced to a local story sharing group.
- Receive announcements of special workshops, performances and conferences.
- Meet new friends with similar interests.

I would like to be a Member of NJSN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell or Work): _____

Email: _____

Please enclose \$25 Membership Fee.

(Membership is payable at any time during a current year and is renewable annually.)

Plus, please accept my tax-deductible donation of:

Total: _____

I would like to be a Supporter of Storytelling

Total: _____

All donations beyond basic membership are tax-deductible.

Please make checks payable to:

New Jersey Storytelling Network

Please print this form, fill it in, and mail it with your payment to: NJSN Treasurer

PO Box 246, Mount Tabor, NJ 07878