



Application for NHSA Membership

New Hampshire Storytelling Alliance
PO Box 64
East Andover, NH 03231
Annual Membership: \$20.00

First Name: _____ Last Name: _____

Address Line 1 _____

Address Line 2 _____

Town/City _____ State _____ Zip Code _____

Phone Number _____ Type (H) (W) (C)

Email _____

Website Address _____

Your preferred contact: (Email) (Phone) (Snail Mail) (DO NOT CONTACT)

Are you interested in volunteering? (YES) (NO)

Are you interested in serving on the NHSA board? (YES) (NO)

If you are a professional storyteller:

14. How long have you been a professional storyteller? _____

15. What type of stories do you tell? _____

16. How far will you travel to tell stories? _____

What is your preferred audience and venues? _____

To add a Contact Listing on the NHSA website, please add \$10 to your Membership dues and send your 30-word bio and picture to membership@nhstorytelling.org