



# Application for NHSA Membership

NH Storytelling Alliance,  
PO Box 202,  
Franklin, NH 03235  
**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_