



## NSN Sponsored Member Program Application

I/we wish to enroll in the National Storytelling Network's Sponsored Member Program:

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
*(Individual member or affiliate organization)*

Contact person: \_\_\_\_\_  
*(If application is for an affiliate organization)*

Street address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe the project(s) for which you plan to raise funds (50-100 words):

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If you have already identified funders to which you plan to apply for support, please tell us their names (you need not name all individual donors, just foundations, corporations, agencies):

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