



National Storytelling Network

P.O. Box 413014, Kansas City, MO 64141

Phone: 1-816-883-4781 • Email: membership@storynet.org

Website: <https://storynet.org>

Membership Type	Membership Description	Rate	Amount
Individual Voice	<i>Individual Membership</i>	\$75.00	
Discount	Members of NSN Affiliate Organization Members can receive a 10% discount on Individual Memberships by providing the Affiliate's discount code below. Affiliate Code: _____ Note: If the code is not valid, you will be charged the 10% difference.	Less 10%	
Student	<i>Individuals currently enrolled in grades 9-12 or currently enrolled in a degree-granting program (full-time or part-time)</i>	\$45.00	
Lifetime Voice	<i>A one-time payment that allows members to avoid dues increases in the future and the need to renew each year.</i>	\$1,100.00	
Organizational Memberships			
For-Profit	<i>Open to for-profit organizations interested in storytelling.</i>	\$125.00	
Non-Profit	<i>Open to nonprofit organizations interested in storytelling.</i>	\$100.00	
Find-A-Storyteller Directory Listing			
Directory Listing	<i>Listing in the online Find-A-Storyteller Directory (must be NSN member)</i>	\$20.00	
Special Interest Group (SIG) Memberships			
HSA SIG	Healing Story Alliance <i>Non-NSN members may join for an additional \$10</i>	\$25.00 non-NSN \$35.00	
KSA SIG	Kamishibai Storytelling Alliance <i>Membership in NSN is required to join KSA</i>	\$25.00	
PRO SIG	Producers and Organizers <i>Non-NSN members may join for an additional \$10</i>	\$25.00 non-NSN \$35.00	
SIO SIG	Storytelling in Organizations <i>Membership in NSN is required to join SIO</i>	\$25.00	
YES SIG	Youth, Educators and Storytellers Alliance <i>Membership in NSN is required to join YES</i>	\$25.00	
Would you like to donate NSN?			
<i>Donations will help NSN support, train, and provide tools to help keep the storytelling community alive and growing.</i>			
TOTAL ENCLOSED			

Is this a: New membership Membership renewal Gift membership (name of gifter: _____)

Member Information

Name _____
 Organization _____
 Address _____
 City _____ State/Province _____ Postal Code _____
 Telephone _____ Email Address _____

Payment Method: Credit Card Check/Money Order (must be in U.S. funds and drawn on a U.S. bank)

Auto-Renewal Authorization: I authorize NSN to automatically charge my credit card annually on the same date for the items selected on this membership form unless I provide the office a request in writing otherwise.

Card Number _____ Expiration Date _____ Security Code _____

Signature: _____ Date: _____

Please notify NSN if your email, credit card number, or expiration date changes.