



Storytelling Australia [SA] Inc

ABN: 98 712 958 410

C/o 215 Angas Street Adelaide SA 5000

email contact@storytellingsa.org.au

2016 Membership

Date: / /

Family Name: _____ Given Name _____

Address: _____

_____ Post Code _____

Contact Number/s: _____

Membership Type

New

Renew

Fee being Paid

\$35 - Full

\$25 - Concession

Paying by

Cash

Cheque

Money Order

EFT – for bank details, email Treasurer suekhoo22@gmail.com

or call [w]8227 1388 [m] 0419 860 880

Cheque or Money Order, make payable to: STORYTELLING AUSTRALIA. [SA] INC.

Post, with completed form to *Storytelling Australia (SA) Inc, 215 Angas Street Adelaide SA 5000*

Receipt ? Yes I need a receipt for tax purposes – no GST.

Preference for Receiving Correspondence

1. Program, flyers, invitations, notices, updates, news-flashes, etc. Post email

2. Newsletters – at least three per year Post email

Please PRINT email address *VERY* clearly ☺

email: _____

New Members – Welcome!

1. How did you discover this group? _____

2. Who, if someone, introduced you? _____

3. What aspects of Storytelling are of most interest? _____

4. What are your main reasons for joining? _____

5. What is your occupation or pre-occupation? _____