



Membership

One-year membership - 2012

New member

Individual (\$20)

Returning member

Family (\$30)

Name (s): _____

Address: _____

Postal Code: _____

Phone: _____

E-mail: _____

Date:

I'd like to talk with someone about volunteer opportunities. Please contact me.

Please mail this form and a cheque to:

Ottawa StoryTellers
5 Beechwood Ave
P.O. Box 74015
Ottawa, ON K1M 1M0

THANK YOU!

This information will be used only in relation to your OST membership and will not be shared or sold.