

Membership



Teller Information:

Name: _____

Address: _____

Phone: _____ Home / Work / Cell

Email: _____

Website Address: _____

What age groups fit your repertoire? Check all that apply

Preschool: _____

K-2nd: _____

3rd-5th: _____

Middle School: _____

High School: _____

College: _____

Adults: _____

Seniors: _____

What age groups would you prefer to not tell to? _____

Any specific groups you have worked with or with which you specialize?

Deaf: _____

Blind: _____

Special Needs: _____

Memory Care: _____

Other Language (please specify): _____

Other: _____

Can you tell to a large group or assembly? _____

What genres of stories do you tell?

Fairy Tale: _____

Scary/Ghost: _____

Personal: _____

Historical: _____

Nature: _____

Humorous: _____

Tall Tales: _____

Just So: _____

Campfire: _____

Other: _____

Please provide a picture and short biography (~200 words) for our website.

Return form and membership fee to:

MO-TELL c/o Missouri Storytelling, Inc. • 9621 Olive Blvd #28994 • St. Louis, MO 63132