KEEPERS OF THE CULTURE, INC Philadelphia's Afrocentric Storytelling Group

MEMBERSHIP FORM 2018
Please print out and mail or bring to Community Story Circle.

Name:	
Storytelling Name:	
Address:	City:
State:Zip:	
Phone:	Email:
Website:	Facebook:
Please circle applicable category	:
Individual - \$100 / Youth/Ju	nior (under 18 or full-time student) - \$25
Elder (over 60) - \$80 / Suppo	orting - \$150 / Life member - \$500
Please X on all that apply to you	or your interest:
STORYTELLER: SPOKE	N WORD/POET: AUTHOR:
EDUCATOR: CRAFT P	ERSON:ORAL HISTORIAN:
	VOCALIST:
	R: SCULPTOR:RESEARCHER:
	DO YOU:

KOTC Membership Page 1

KOTC Membership Form 2018

Please check the committee(s) of interest to you:	
() Archival () Watoto of Joy Youth Program () Programs & Events	
() Membership () Community Outreach () Development/Grants () PR	
*Members receive employment opportunities, updates, your name linked to yo sonal web page at www.KOTCinc.org and enrichment information via e-mails Habari Gani Newsletter.	
* Members benefit from KOTC when they contribute to the process. We need y ence in the circle, your valuable input, your talent, your active interest to gro develop as a collective for the good of community, employment and personal ment. You will find support in the art of storytelling and loving guidance on represent yourself as a Keeper Of The Culture storyteller!	w and to enrich-
SIGNATURE:DATE:	
Check:M.OAmount:	
	0 P PV I

PLEASE PRINT & MAIL with check or money order printed out to KEEPERS OF THE CULTURE, INC. or bring to Community Story Circle!

KEEPERS OF THE CULTURE, INC. P.O. Box 15083 Philadelphia, PA 19130-15083

THANK YOU!