



SISTER CITIES MEMBERSHIP FORM

Membership Year runs January through December

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

EMPLOYER: _____ ACTIVE RETIRED

I AM INTERESTED IN: (CHOOSE ALL THAT APPLY)

_____ KAKEGAWA, JAPAN _____ Renewal

_____ LVIV, UKRAINE _____ Renewal

_____ SAN GIOVANNI VALDARNO, ITALY _____ Renewal

I CAN ASSIST WITH:

_____ HOSTING VISITORS

_____ MARKETING and MEMBER RECRUITING

_____ TENDING TO THE PEACE GARDEN

_____ FUNDRAISING

OTHER IDEAS THAT I HAVE:

ANNUAL MEMBERSHIP

_____ STUDENT \$15.00

_____ ADULT \$25.00

_____ FAMILY \$35.00

I authorize Sister Cities to list my name as a member. I also understand that photos taken at events/meetings may appear without compensation in print or electronic media related to the Association.

SIGNATURE: _____ DATE: _____

PLEASE MAKE CHECKS PAYABLE TO SISTER CITIES ASSOCIATION OF CORNING, NY
MAIL TO:

SISTER CITIES ASSOCIATION
138 CEDAR ST., SUITE 103
CORNING, NY 14830

Online payments also are accepted through our website portal:

<https://www.corningsistercities.org/shop>