



Membership Enrollment Form

Please choose level of membership

_____ Global Alumni Program (GAP) \$ 15.00

_____ Youth \$25.00

_____ Senior/Educator \$40.00*

_____ Individual \$50.00*

At this level you may add your spouse for an additional \$10.00

_____ Family \$75.00 (Includes two adults and four dependent children under 18)

_____ Attaché \$100.00 (Includes two adults)

Standard benefits as listed above

Listing in annual report

_____ Diplomat \$250.00 (Includes two adults and four dependent children under 18)

Standard benefits as listed above

Listing in annual report

_____ Minister \$500.00 (Includes two adults and four dependent children under 18)

Standard benefits as listed above.

Prominent listing in the annual report

Recognition in newsletter

** At this level you may add your spouse for an additional \$10*

Will this be given as a gift? Yes or No - If yes, fill out pages one and three and return with payment. Credit

Cards can be accepted via phone 817-392-2650.

Name (Mr./Mrs./Ms./Dr.)

School Name (Youth Only)

Grade (Youth Only)

Date of Birth

Standard Benefits for All Levels of Membership

- Quarterly Newsletter
- Invitations to all member events (some events such as fundraisers may require an entrance fee)
- Advance notice and registration preference for Sister Cities' activities and trips.
- Networking opportunities with international visitors.

Optional Benefits (for all levels of membership)

- \$10.00 membership in Sister Cities International
- Reduced registration rate for SCI annual conference
- Subscription to *Sister Cities International News*
- Online translation services through the International Community Resource Center (ICRC)
- Direct access to local and worldwide sister cities programs.

Member Spouse Name

Send correspondence to your Home or Office

You would like your invitations addresses as:

Home address

City

State

Zip

Home Phone

Home Fax

Dependents (Please include ages)

Business Name

Business Address

City

State

Zip

Business Phone

Business Fax

Business Email Address

Recruited By

In addition to member events, I am interested in (Choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reggio Emilia, Italy | <input type="checkbox"/> Trier, Germany |
| <input type="checkbox"/> Nagaoka, Japan | <input type="checkbox"/> Bandung, Indonesia |
| <input type="checkbox"/> Budapest, Hungary | <input type="checkbox"/> Toluca, Mexico |
| <input type="checkbox"/> Mbabane, Swaziland | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Home Hosting | |

Please mail completed enrollment form and check (Payable to Fort Worth Sister Cities International) to:

Fort Worth Sister Cities International
808 Throckmorton
Fort Worth, TX 76102

Application continued on next page

Gift Recipient's Full Name

You would like the gift addressed to:

Would you like the gift to be mailed? Yes or No

Home address

City

State

Zip

Home Phone

If no, when would you like to pick the gift up? *Date:*

Time

Your Name

Your Address

City

State

Zip

Your Daytime Phone

Your Email Address

Your Evening Phone

Please mail completed enrollment form and check (Payable to Fort Worth Sister Cities International) to:

Fort Worth Sister Cities International

808 Throckmorton Street

Fort Worth, TX 76102

Application continued on next page