## Sister Cities Membership Application

Yes, I want to become a member or renew my membership with Fountain Hills Sister Cities Corporation. I understand the dues cover my membership from January 1, 2018 through Dec 31, 2018.

Name:			
Address:	City	StZ	Zip
Home Phone:	Mobile Phone	e:	
E-Mail:			
Individual: \$15	_ Family \$25 Benefactor	r \$100Amba	assador \$250
	to Fountain Hills Sister Cities resident, (602) 620-0799, or e		923, Fountain Hills, AZ 85269 <u>@icloud.com</u> with any
Your dues and contribut non-profit 501(c)(3) corp		rporation are fully	tax deductible since we are
The High School Stud Our Sister Cities and v The Adult Trip, Castle Quarterly Membershi	learning more about (See modelent Exchange Program what we do for each other es and Cathedrals, to Germany & p get-togethers to get to know you h fundraisers that provide schola	& Poland in May 20 you and share travel	018
	aid when our sister cities are in	_	an sensor statem exeminge urps