



**Suffolk (VA) Sister Cities International, Inc.
Membership Form**

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Areas of Interest (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Suffolk, England | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Oderzo, Italy | <input type="checkbox"/> Exchanges |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Arts/Culture |
| <input type="checkbox"/> Education | <input type="checkbox"/> Technology |

Membership Level (please circle one):

- | | |
|--|--|
| <input type="checkbox"/> Student (\$10) | <input type="checkbox"/> Ambassador (\$250) |
| <input type="checkbox"/> Individual (\$30) | <input type="checkbox"/> Benefactor (\$500) |
| <input type="checkbox"/> Family (\$50) | <input type="checkbox"/> Life Membership (\$1,000) |
| <input type="checkbox"/> Patron (\$100) | <input type="checkbox"/> Donation |

Please mail completed membership form with check (*made payable to SSCI*) to:

**Suffolk (VA) Sister Cities International
P.O. Box 796
Suffolk, VA 23439**

www.SuffolkVASisterCities.com

Thank you!