

IT'S TIME TO RENEW YOUR ANNUAL MEMBERSHIP!

Mendocino Sister Cities Association, Inc.
Post Office 2451
Mendocino, CA 95460

MEMBERSHIP APPLICATION/ RENEWAL

Date: _____

Name(s): _____

Phone: _____

Address: _____

Email: _____

City: _____ Zip: _____

Types of Membership: (Please Circle Amount Enclosed)

Student	\$5	Business	\$25
Individual	\$10	Sustaining	\$100
Family	\$15	Patron	\$500
Artist	\$15	Philanthropist	_____

In what ways would you like to be more involved in the Mendocino Sister Cities Association?

_____ Publicity

_____ Cultural Events

_____ Japanese Language

_____ Hosting Visitors

_____ Scholarship Fund

_____ Fundraising

_____ Fundraising Dance

_____ Annual Newsletter

_____ Other _____

Thank you for joining the Mendocino Sister Cities Association.

Please enclose a check for your tax-deductible contribution.
Membership is effective for one year--from October to October.