

Sister Cities of Vandalia Membership Form

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail address: _____

Birthday: (month) _____ (date) _____ (year) _____ (Year optional)

Type of Membership: [] Single \$10 [] Family \$20

Mail completed form and dues payment to:

Thea Chiles
1037 Marcellus Dr.
Vandalia, OH 45377

Or bring to next meeting.

General membership meetings are held the second Wednesday of each month at 7:00 PM, at the Vandalia Senior Citizens Center on Tionda Dr.

