

# 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 7:30 PM, at the Vandalia Senior Citizens Center on Tionda Dr.

