

Sister Cities of Vandalia Membership Form

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

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

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

Member Name and DOB: _____

Member Name and DOB: _____

Member Name and DOB: _____

Member Name and DOB: _____

Renewal membership New membership

Payment Type: Cash. Check Payment Date: _____

MAKE CHECKS PAYABLE TO **SISTER CITIES OF VANDALIA**

Mail completed form and dues payment to:
Donna Wright
3888 Stonequarry Rd – Vandalia, Ohio 45377

Or bring to the next meeting.