

# 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  
w/ kids 18 & under

Member Name and DOB: \_\_\_\_\_

Member Name and DOB: \_\_\_\_\_

Member Name and DOB: \_\_\_\_\_

Member Name and DOB: \_\_\_\_\_

Renewal membership     New membership

Donation: \_\_\_\_\_

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.