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: _____

Mail completed form and dues payment to:

Donna Wright

vandaliasistercities@gmail.com
PO Box 401 – Vandalia, Ohio 45377
Or bring to the next meeting.

Make checks payable to Sister Cities of Vandalia

Other comments: