

Membership Application

Name _____

Street _____

City _____ Zip _____

Home Phone _____

Work Phone _____

email _____

Annual Membership Dues (tax deductible):

____ Ambassador \$100

____ Individual \$20

____ Family \$30

____ Organization \$100

I am interested in the Sister City of:

____ Bendigo

____ Syktyvkar

____ Rustington

____ Shihlin

Other _____

My Interests Include:

____ Visiting a sister city

____ Business Contacts

____ Joining an official delegation

____ Cultural Programs

____ Home hosting / entertaining visitors

____ Youth programs and exchanges

Other _____

Please make your check payable to LASCI

Print the application and mail to:

City of Los Altos/ Sister Cities
One North San Antonio Road
Los Altos, CA 94022