

Membership Application

Name _____

Street _____

City _____ Zip _____

Home Phone _____

Work Phone _____

email _____

Annual Membership Dues (tax deductible):

___ Ambassador \$100 ___ Individual \$15

___ Family \$25 ___ Organization \$100

I am interested in the Sister City of:

___ Bendigo ___ Syktyvkar

___ Rustington ___ Shih Lin

Other _____

My interests include:

___ Visiting a sister city ___ Business contacts

___ Being part of an official delegation ___ Cultural programs

___ Home hosting or 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