

CLEARWATER SISTER CITIES, INC.

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MEMBERSHIP APPLICATION/RENEWAL

NAME: _____

ADDRESS: _____

CITY: _____ ZIP _____

HOME PHONE: _____ FAX _____

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

Would you consider hosting a Japanese exchange guest? ____ Yes ____ No

MEMBERSHIP OPTIONS: (Check One)

\$15 Individual (1 Year)	_____
\$25 Family (1 Year)	_____
\$150 Life Time Individual	_____
\$250 Corporate	_____

Please make checks payable to: Clearwater Sister Cities, Inc.

MAIL TO: Sara Kessinger
Membership Chair
2258 Highland Woods Dr.
Dunedin, FL 34698

DUES ARE PAYABLE JANUARY 1 OF EACH YEAR

Clearwater Sister Cities, Inc.
is a 501(c) 3 tax-exempt organization
Contributions are tax deductible to the extent allowed by law.