



**Suffolk Sister Cities International, Inc.  
Membership Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

**Areas of Interest (please check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Suffolk, England | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Oderzo, Italy    | <input type="checkbox"/> Exchanges      |
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Publicity      |
| <input type="checkbox"/> Youth            | <input type="checkbox"/> Arts/Culture   |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Technology     |

**Membership Level (please circle one):**

- |  |  |
|--|--|
| <input type="checkbox"/> Student (\$10)    | <input type="checkbox"/> Ambassador (\$250)        |
| <input type="checkbox"/> Individual (\$30) | <input type="checkbox"/> Benefactor (\$500)        |
| <input type="checkbox"/> Family (\$50)     | <input type="checkbox"/> Life Membership (\$1,000) |
| <input type="checkbox"/> Patron (\$100)    | <input type="checkbox"/> Donation                  |

Please mail completed membership form with check (*made payable to SSCI*) to:

**Suffolk Sister Cities International  
P.O. Box 796  
Suffolk, VA 23439**

***Thank you!***