



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

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Areas of Interest (please check all that apply):

Suffolk, England

Special Events

Oderzo, Italy

Exchanges

Membership

Publicity

Youth

Arts/Culture

Education

Technology

Membership Level (please circle one):

Student (\$10)

Ambassador (\$250)

Individual (\$20)

Benefactor (\$500)

Family (\$30)

Life Membership (\$1,000)

Patron (\$100)

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!