



## 2009 Membership Application

### Annual Dues (\$US)

City/County Population	Dues	City/County Population	Dues	Non-Voting Members	Dues
More than 1,000,000	\$1,965	5,000- 10,000	\$250	Corporate	\$1,000
500,000- 1,000,000	\$1,665	Under 5,000	\$150	Nonprofit Organizations	\$600
300,000- 500,000	\$1,190			Embassy	\$500
100,000- 300,000	\$880	<b>Other Voting Members</b>		Individual	\$50
50,000- 100,000	\$680	State Governments	\$1,260		
25,000- 50,000	\$510	Municipal Associations	\$1,000		
10,000- 25,000	\$360	Global Members	\$140		

### Membership Category

*Please Print or Type*

City  
  County  
  State  
  Global Member  
  Municipal Association  
  Corporation  
  Embassy  
  Individual

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Population \_\_\_\_\_

Corporation Name \_\_\_\_\_ Individual Name \_\_\_\_\_ Date of Application \_\_\_\_\_

### Member Information

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Please list any existing sister city/county/state relationships:

### Billing Information *(if different from member information)*

Billing Contact \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**Payment Method:**  
  Check (Make payable to Sister Cities International)  
  Visa  
  Mastercard  
  American Express

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CC Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_