



United States / Mexico Sister Cities Association, Inc.

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US/MSCA MEMBERSHIP FORM

Name of Sister City Committee _____

President _____ Term Expires: _____

Address: _____

Telephone: _____ Email: _____

Billing Name & Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Mayor _____ Term Expires: _____

City Hall Address _____

Telephone: _____ Fax: _____ E-mail: _____

Name of your Sister City in Mexico: _____

Contact Name, Address, Phone, Fax & E-mail in Mexico _____

Annual Membership Dues \$150.00 per member City

To ensure proper credit, please return completed form with your check made payable to US/MSCA to the address shown on this letterhead. The information you supply will be used to update the US/MSCA Membership Directory. Thank you.