

United States/Mexico Sister Cities Association, Inc.



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US/MSCA MEMBERSHIP APPLICATION FORM

Name of Sister City Committee _____

President _____ Term Expires _____

Address _____ Phone _____

Billing Name & Address _____

Phone _____ Fax _____ E-mail _____

Mayor _____

City Hall Address _____

Phone _____ Fax _____ E-mail _____

Name of your Sister City in México _____

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

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.*