

Yes! I/we would like to join the Sister Cities Association of Mansfield, OH.

Enclosed is my/our check for \$ _____ for _____ membership(s) for 2006-07. Membership is \$20/per person.

I would like to be a supporter. Amount enclosed \$ _____

Name: _____

Address: _____

Phone: _____

Email: _____

Make checks payable to:

Sister Cities Association of Mansfield, OH. Inc. • Mayor's Office • 33 N. Diamond Street • Mansfield, OH 44902

Involvement Opportunities

- | | |
|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Cultural Program |
| <input type="checkbox"/> History | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Social | <input type="checkbox"/> Constitution |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> 2008 Celebration |
| <input type="checkbox"/> Host/Hospitality | |