



For office use:
N /R _____
Date: _____
DB: _____
P: Y/N _____
TY: _____

Membership Application

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____ E-mail _____

Level of Membership

___ Benefactor	\$500	___ Family	\$50
___ Corporate	\$250	___ Individual	\$25
___ Organization	\$100	___ Student	\$10

Please make checks payable to Jacksonville Sister Cities Association (JSCA),
and mail to:

Jacksonville Sister Cities Association
Attention: Nancy Olson
117 West Duval, #305
Jacksonville, FL 32202

Please check any committee(s) you would be interested in:

City Committees

___ Bahia Blanca, Argentina
___ Masan, Korea
___ Murmansk, Russia
___ Nantes, France
___ China
___ Port Elizabeth, South Africa

Interests

___ Arts & Culture
___ Trade & Commerce
___ Education & Youth
___ Fundraising & Public Relations
___ Medical
___ Tourism

For more information:

Contact Nancy Olson, International Liaison Officer at 904-630-1059 or nolson@coj.net