

Beaufort Sister Cities Membership Form

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (____) _____ Work Phone(____) _____ Cell Phone(____) _____
Fax: _____ Email: _____

Please let us know your interests and some of your skills. Committee involvement is encouraged.

Annual Membership Dues (January to December; check or money order payable to Beaufort Sister Cities:

- | | |
|--|---|
| <input type="checkbox"/> Individual _____ \$25.00 | <input type="checkbox"/> Corporate _____ \$150.00 |
| <input type="checkbox"/> Couple/Family _____ \$40.00 | <input type="checkbox"/> Students _____ \$10 .00 |

Additional Contributions:

\$250 _____ \$100 _____ \$50 _____ \$25 _____

Dues and contributions are tax deductible. Thank you!

Mail to: **Beaufort Sister Cities**
Beaufort, NC 28516