**Burbank Sister City Committee**

***Membership Application***

Dear Burbank Sister City Committee Prospective Members,

The Burbank Sister City Committee is pleased to welcome you as a member. We look forward to your participation with the committee.

Please return this form to the address shown at the bottom of the page, along with a check for your membership dues. Dues are collected on an annual basis (Jan-Dec). Your contribution will be used to support committee activities.

Thank you for your support of the Burbank Sister City Committee.

(Please Print)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip:

Phone: Email address:

Please list all additional family members to be included with your Family Membership (limit 5):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Family membership**\*** - **$50** 🞎 Individual membership - **$25** 🞎 Donation - **$**

*Please consider including a donation in addition to your annual dues payment.*

*Any amount is greatly appreciated!*

Total amount enclosed: **$**

# Please make checks payable to “Burbank Sister City Committee”

Your entire membership fee plus any additional donation is tax deductible.

**By joining the Burbank Sister City Committee, you consent to receive e-mail communication including monthly meeting minutes and other correspondence.**

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

***Burbank Sister City Committee***

***c/o Burbank Public Library***

***110 N. Glenoaks Blvd.***

***Burbank, CA 91502***