

Laguna Beach Sister Cities Association
MEMBERSHIP APPLICATION

Name(s): _____

Phone #: _____ Email: (please print clearly) _____

Address: _____

MEMBERSHIP LEVELS:

Please check which membership level you would like to purchase.

Student: \$15.00 ___ Individual: \$30.00 ___ Family | Couple: \$50.00 ___

Friend of the Fête: \$100.00 ___ Business: \$125.00 ___

PAYMENT METHOD:

Cash \$ _____ Check No. _____

Credit Card: Master Card ___ Visa ___ Card No: _____

Signature: _____

We appreciate your deductible contribution. As a member of the LBSCA you will help support important cultural interactions. We welcome your active participation!

Your areas of interest: please check which apply to you

Art ___ Business ___ Communications / P.R. ___ Education, Students Exchange ___

Music ___ Social Events ___ Tourism ___ Translation ___ Other "please describe below"

Mail Application and Payment to:
Laguna Beach Sister Cities Association
P.O. Box 1011
Laguna Beach, CA 92652
Phone: (949) 492-0883