



SOCAL SISTER CITIES
SOUTHERN CALIFORNIA CHAPTER, INC.
of Sister Cities International
SOCAL MEMBERSHIP INFORMATION FORM

*(please enter information below if you wish to be copied on
SOCAL Sister City announcements and programs)*

(Please print clearly and fax to: (562) 901-3082)

First Name: _____

Middle Initial: _____ Last Name: _____

E-mail

Address: _____

Organization

/ Affiliation: _____

Job /

Position: _____

Address: _____

City: _____

Country:

Telephone: _____

Fax: _____

(please print all information clearly - Thank You)

**For questions please e-mail: info@socalsistercities.org
or call one of our state coordinators.**