

ROCKVILLE SISTER CITY CORPORATION (RSCC)

http://rockvillesistercities.org

Individual or Family Membership Application/Renewal Form

This membership is for this Calendar Year (January 1 through December 31)

Today's Date:_____ This is a □New Membership or □Renewal

Enclosed is my <u>tax deductible contribution</u> for (check <u>one</u> only)

□\$25 Individual or □\$40 Family

\$_____Additional (tax deductible) contribution

Total Enclosed Your Check # _____

Make your <u>check</u> payable to "RSCC" and mail it and this completed application to:

Rockville Sister City Corporation, Rockville City Hall, 111 Maryland Avenue, Rockville, MD 20850

OR

Email this form to **<u>rockvillesistercities@gmail.com</u>** and pay via <u>PayPal</u>

Please <u>print</u> the following information as applicable to an Individual or Family (check appropriate box).

Name:	Spouse's Name:			
□individual or □family			(if family)	
Street Address:	City:	State:	Zip Code:	
Email Address:				
(used for	RSCC notices and inf	ormation only)		
Preferred Phone Number:	This is my/our □Home or □Work or □Cell			
Please check the areas of your interest	t and participatio	n below.		
□Hosting visitors from Sister/Friends	hip Cities □Cult	ural Exchanges		
□Hosting students from Sister/Friends	ship Cities □Bicy	cle Events		
□Fundraising Events		□Membership		
		e Tasting Event		
□Memorial Day Parade Event	□Serv	□Serving as Committee Chairperson		
Other comments, suggestions, etc.				