

Gilbert Sister Cities Membership Application

Name _____
or Business Name _____
Spouse _____
Other Family Members (if family membership) _____
Address _____
City _____
E-mail _____

Phone (home) _____
(office) _____
(fax) _____
State _____ Zip _____
Date Submitted _____

Contact information listed above will be used in the organization's membership directory, unless otherwise noted.

Type of Membership

Student (full time) Individual Family Friend of Sister Cities Consul Diplomat

Areas of Volunteer Interest

Fund Raising Host Committee Special Events Student Exchange
 Membership Committee Board Development Anywhere I Can Be of Help

Please Make Check Payable To: Gilbert Chamber of Commerce - Sister Cities
Mail to: PO Box 527, Gilbert, Arizona 85299 • Ph 480.892.0056 • Fax 602.250.1521
Thank you, and remember that your membership is tax deductible.