

Concord Sister Cities Association

Membership Form

Name: _____

Address: _____

Phone # : _____

E-mail: _____

ANNUAL MEMBERSHIP DUES FOR APRIL 1 – MARCH 31:

Student \$5.00

Organization \$20.00

Individual \$10.00

Business \$50.00

Family \$20.00

Patron \$100.00 or more

Make Checks payable to:

Concord Sister Cities Association

Return Membership Form & Dues to:

City of Concord

P.O. Box 308

Concord, NC 280260308

Attn: Kim Deason, City Clerk