

MEMBERSHIP FORM

Please select the 2019 Membership level that is right for you:

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*Name(s) _____

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#City/State/Zip _____

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Used for newsletters and/or communications. FSCA does not share e-mails with others.

* Required #Useful to have

Please consider making a supporting donation to FSCA.

I wish to support FSCA by donating \$ _____ to General Operating Fund.

I wish to support FSCA by donating \$ _____ to Alec Vitarius Memorial Scholarship Fund
(student exchange scholarship).

I wish to support FSCA by donating \$ _____ to Cultural Grant Fund
(for the arts, lectures, exhibits, etc.)

Please make checks payable to: Fredericksburg Sister City Association, Inc. and mail to:
Roy H. Kissinger, Membership
10509 Chatham Ridge Way
Spotsylvania, VA 22551

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