

MEMBERSHIP APPLICATION

Please select the 2023 Membership level that is right for you:

____ Individual (\$25)

____ Family (\$50)

____ Individual Life (\$250)

*Name(s) _____

#Street _____

#City/State/Zip _____

*Phone (H) _____ (C) _____

*E-mail _____

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: Connie Orgeron, Membership

8 Appling Road

Stafford, VA 22554