

# APPLICATION FOR MEMBERSHIP (Please Print or Type)

New Member     Renewal

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

## Membership Categories

- Corporate/Individual Sponsor    \$ 500
- Supporting    \$ 100
- Contributing    \$ 30
- Student    \$ 20

## Areas of Interest and Expertise:

- Business
- Medical
- Events
- Hospitality
- Education
- Newsletter
- Culture
- Membership

Please return this application for membership/renewal with your check payable to the Los Angeles - St. Petersburg Sister City Committee to:

Los Angeles - St. Petersburg  
Sister City Committee  
1944 Milan Avenue  
So. Pasadena 91030-4635