Application to join the Sister Cities of Jasper

Name:
Spouse Name (if also joining):
Telephone number:
e-mail address:
Mailing address
(street, city, state, zip code)
Winter mailing address (if applicable, please include time frame)
(street, city, state, zip code)

Annual Dues (calendar year) \$10.00 per person (\$20.00 per couple)

Mail to:

Sister Cities of Jasper Membership Application P.O. Box 95 Jasper, IN 47547