BOSTON/STRASBOURG SISTER CITY ASSOCIATION
www.bostonstrasbourg.com

MEMBERSHIP

1 July 2026– 30 June 2027

Name:_____

Address:_____

_____

Telephone:_____
Home Work Cell

Email:_____Fax:_____
*Please mark by *any information that is a change from what is currently on file.*

Membership Category:

_____Individual $40
_____Family $55
_____Trustee $100
_____Director $125

Contribution: _____

Total Amount enclosed: _____

Interests/suggestions_____

Please make your check payable to: Boston/Strasbourg Sister City Association
and return to:

Jack Orrock, Treasurer
Boston/Strasbourg Sister City Association
1056 South Street
Roslindale, MA 02131