



2024 Membership Dues / Donations / Travel Payment Form

- 1) Membership (choose one) \$_____
• Individual...one vote...\$35..._____
• Family.....two votes...\$50..._____ (Family membership required for families with students traveling on exchanges)
• Corporate...one vote...\$200..._____

2) Donation to Financial Aid Fund for student travelers: \$_____

3) Information marked with an asterisk (*) is required. We will not share your information.

*Last Name: _____ *First Name: _____

2nd member Last Name: _____ 2nd member First Name: _____

Business Name (Corporate membership): _____

*Address: _____

*City: _____ *State: _____ * Zip: _____

*1st member E-mail: _____

2nd member E-mail: _____

*1st member Phone: _____ 2nd member Phone: _____

4) *Which news do you wish to receive? Check: All ___ Eutin ___ Hiratsuka ___ Iniades ___

5) On which committee would you like to serve? Check committee choices:
Audit ___ Chaperone ___ Friends of Eutin ___ Friends of Hiratsuka ___ Friends of Iniades ___
Membership ___ Publicity ___ Scholarship ___ Scholarship Fundraiser ___ Webpage ___

Complete 6) only if making a Travel Group Payment. (Check here if already a SCL member ___)

6) Name of student: _____ Travel payment amount \$_____

Group with which the student is traveling. Check: Eutin ___ Hiratsuka ___ Iniades ___

Total amount enclosed \$_____

Make checks payable to "Sister Cities Lawrence" and return to:
Sister Cities Lawrence has IRS 501(c)(3) status and membership
and scholarship contributions are deductible as allowed by law.

Sister Cities Lawrence
c/o Watkins Museum
1047 Massachusetts
Lawrence, KS 66044