

# San Francisco - Osaka Sister City Association



## MEMBERSHIP APPLICATION STATEMENT OF ANNUAL DUES

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

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

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

Tel: \_\_\_\_\_

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

_____ Benefactor (\$1000)	_____ Sponsor (\$500)	_____ Corporate (\$250)
_____ Family (\$150)	_____ Individual (\$50)	_____ Senior (\$25)
_____ Teacher (\$10)	_____ Student (\$10)	

Please check the applicable category of your membership and send this form with your check for the annual membership dues payable to "San Francisco-Osaka Sister City Association" to:

Misako Sack  
170 Somerset Road  
Piedmont, CA 94611

Any Questions? Please contact:  
Association's Executive Director **Misako Sack** ([msack@mofa.com](mailto:msack@mofa.com))

*This Association is a 501(c)(3) nonprofit corporation, and your membership dues are tax deductible.  
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