



San Francisco - Osaka Sister City Association

STATEMENT OF ANNUAL MEMBERSHIP APPLICATION

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

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

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

\_\_\_\_\_

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

e-mail: \_\_\_\_\_

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

Please check the appropriate 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:

Miho Armacost  
4712 Reinhardt Drive  
Oakland, California 94619

Any Questions? Please contact:  
Association's Executive Director **Misako Sack** ([msack@mofo.com](mailto:msack@mofo.com))  
Treasurer **Miho Armacost** ([flymihoe@wwdb.org](mailto:flymihoe@wwdb.org))

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