



**PORT TOWNSEND  
SISTER CITIES FRIENDS  
Membership Application**

**Name** \_\_\_\_\_

(all names if family membership)

**Organization or Business Name**

**Address**

**City**

**State**

**Zip Code**

**Phone #**

**Email Address**

**Membership Type**

Youth \$5

Individual \$10

Family \$15

Business \$25

Organization \$25

Supporter \$100 - 249

Patron \$250 - 499

Sustaining \$500 - 999

Benefactor \$1,000 or more

**Please mail your completed application to:**

**Port Townsend Sister Cities Friends**

**C/O Catherine McNabb**

**250 Madison St #2R**

**Port Townsend, WA 98368**