

# AIPCA Membership Form

Membership Year

July 1 - June 30

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

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Your interests:

- Hosting
- Education & Youth Exchange
- Cultural Programs & Exchanges
- Public Relations
- Other \_\_\_\_\_

## Donations are tax deductible

Contribution Category

- Active, \$25
- Supporting, \$50
- Sustaining, \$100
- Patron, over \$100

**Membership Dues** \_\_\_\_\_

Individual, \$15      Family, \$25      Student (K-12), \$5

**Total Enclosed** \_\_\_\_\_

## Mail application and check to:

Ames International Partner Cities Association, Inc.  
City Manager's Office  
PO Box 811  
Ames, IA 50010