



Please fill out the following request form and email the completed form to membership@sistercities.org.

Name of US Sister City Organization _____

Full Name _____

Email _____

Phone _____

Describe your Affiliation with the US Sister City Organization (President, Board Member, etc.) _____

Full Name of the Primary Contact of the US Sister City Organization _____

Recipient Mailing Address (Certificate will be shipped to the address provided below)

Name _____

Mailing Address (Line 1) _____

Mailing Address (Line 2) _____

City _____

State _____

Zip Code _____

Country _____

Program Anniversary Details

Name of US Sister City (As it should appear on the certificate)

Name of Sister City (As it should appear on the certificate)

Date Partnership Was Signed (M/D/YYYY)

__ / __ / ____



Other Comments (max. 300 words)