



# *Friends of Bad Königshofen*

## Membership Form

Please use this form to join or renew your membership in this organization which supports the Arlington / Bad Königshofen Sister Cities partnership.

Last name: \_\_\_\_\_

First name(s): \_\_\_\_\_

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

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve.) \_\_\_\_\_

(cell) \_\_\_\_\_

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

Special Interests/Talents (speak German?) \_\_\_\_\_

\_\_\_\_\_

Annual dues:        \$ 20 for an individual,        \$ 30 for a family,        \$ 10 for a student

I would like to include a further donation of \$ \_\_\_\_\_

Total amount of my check: \$ \_\_\_\_\_

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Make out your check to:    City of Arlington    (on memo line: Sister Cities Fund)

Mail this form, together with your check, to:    City of Arlington  
Sister Cities  
MS 01-0310  
P.O. Box 90231  
Arlington, TX 76004-3231

For information about our Sister City, visit the City's website at  
<http://www.arlingtontx.gov/sistercity/index.html>.