Gresham-Ebetsu Sister City Association

E-mail: gesca.pres@gmail.com Website: www.greshamsistercity.org

A Non-Profit 501(c)(3)
Federal Tax ID: 93-1067540

Mission Statement: 'To foster friendships with our sister city that promote and strengthen our educational, economic and cultural ties to enrich the lives of our citizens.'

Since its establishment in 1977 the GESCA has been a vital part of Gresham and surrounding communities by bringing citizens together through activities such as our Student Exchange Program, and cultural events.
The GESCA is a nonprofit organization of unpaid volunteers. All revenue goes directly to our activities and necessary expenses.
Your membership and donor support ensure the continuation of our current and future programs. All member information is confidential and we do not sell or publish our member lists, however we may use a photograph taken at a GESCA event on our website or in printed material. Your membership fee and donations are tax deductible.

Membership Application

Date: _____ /_____ /_____

Name(s): _____

Address: _____
Street Apt./Ste. # City State Zip

Phone: Home _____ Mobile _____ E-mail: _____

Annual Membership Fees

___ Individual $20.00 ___ Student $10.00 ___ Senior (60+) $10.00 ___ Family $40.00

___ Nonprofit $40.00 ___ Business $50.00 ___ Benefactor $200.00+

Additional gift of $ _____ for: _____ Exchange Program _____Cultural Program

Membership fees and donations may be combined in one check.

Send this form and your check, made payable to GESCA, to:
Gresham-Ebetsu Sister City Association (GESCA) • PO Box 1652 • Gresham, OR 97030 ATTN: Membership

We, the volunteers of the Gresham-Ebetsu Sister City Association and future generations, thank you for your generous and heartfelt support.

Volunteering - I would like to participate in:

___ Host a chaperone ___Host an exchange student ___ Hospitality for delegations

___ Cultural programs ___Computer/media help ___Committees

___ Other

How did you hear about us? _____

Additional comments: _____
(Please use the backside of this paper if you need more space.)

********** OFFICE USE ONLY **********

Date: _____/_____/_____ Payment type: Check # _____ Cash _____ Amount: $ _____

Processed by: _____