



Gresham-Ebetsu Sister City Association

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 Exchange Program, the Gresham Tsuru Island Japanese Garden, Skosh and other 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. Your membership fee and donations are tax deductible.

As a member you will receive advance notice of events and activities, regular newsletters and free or discounted admission to events.

Thank you!

Membership Application

Date: ____ / ____ / ____

Name(s): _____

Address: _____

Street Apt./Ste. # City State Zip

Phone: Home _____ Mobile _____ E-mail: _____

Please contact me by: ____ Home phone ____ Mobile phone ____ Mail ____ E-mail ____ Not at all.

Annual Membership Fees (Membership begins upon enrollment.)

___ 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: ____ Tsuru Island ___ Exchange Program ___ Greatest need.

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

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

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

How did you hear about us? _____

Volunteering - I would like to participate in:

Exchange Program

- ___ Host a chaperone
- ___ Travel to the sister city
- ___ Host an exchange student
- ___ Hospitality for delegations

Tsuru Island Japanese Garden

- ___ Gardening
- ___ Educational presentations

General and Ongoing Need

- ___ Computer/media help
- ___ Committees
- ___ Cultural/educational events
- ___ Fundraising
- ___ Promotion

Other: _____

Do you speak a language(s) other than English? _____

We thank you!

Additional comments:

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

Date: ____/____/____ Payment type: Check # _____ Cash ___ Amount: \$ _____

Processed by: _____

Notes: