



REQUEST FOR A SISTER CITY RELATIONSHIP

Name of Your City: _____

State: _____

Country: _____

Demographics: _____

Desired Country/State for a Sister City: _____

Brief Description of your Community, Urban, Rural, Industrial etc.

Principal Economic Activities within your Community:

Agriculture	Industry	Technology	Tourism	Services Generally
Not Important { }	Not Important { }	Not Important { }	Not Important { }	Not Important { }
Less Important { }	Less Important { }	Less Important { }	Less Important { }	Less Important { }
Important { }	Important { }	Important { }	Important { }	Important { }

Provide Details: _____

Community Information:

Local Cultural and Educational Facilities: _____

Historical Background: _____

International Service Clubs within your Community: _____



Sister City Information:

Desired Characteristics of a Sister City: _____

List of Existing Sister Cities and Date of Affiliation: _____

Is there an official sister city committee in your community that is recognised by your Council?
Yes { } No { }

What is your preference of sister city activities with this new affiliation:

Arts & Culture	Economic Development	Education	Environment	Sport & Recreation	Municipal Co-operation	Technology	Youth	Other
Yes ()	Yes ()	Yes ()	Yes ()	Yes ()	Yes ()	Yes ()	Yes ()	Yes ()
No { }	No { }	No { }	No { }	No { }	No { }	No { }	No { }	No { }

If you have selected "Yes" to any of the above and wish to elaborate, please do so below:

Does your Council support this request?
Yes { } No { }

Contact Information:

Name: _____ Title: _____

Council/Committee/Organisation: _____

Address: _____

City: _____ State: _____ Post Code: _____

Telephone: () _____ Fax: () _____

Email Address: _____ Website: _____

Is your Council/Committee/Organisation a current member of the Sister Cities Australia Inc.
Yes { } No { }

Please note that by submitting this form you are agreeing to have the information presented herein posted on our Sister Cities Australia website provided to interested parties and linked to other websites.

**THIS FORM CAN BE EMAILED TO caisley.graham@sistercitiesaustralia.com
OR HARD COPY POSTED TO PO BOX 142 NEW LAMBTON NSW 2305**