

MEMBERSHIP CHECKOUT

MEMBERSHIP LEVEL [CHANGE](#)

You have selected the [U.S. Member \(10,000-25,000 Annual Cost: \\$440\)](#) membership level.

Please note that the contact information you are filling out in this form will be used for future communication and billing. Many of our members have separate billing contacts, for this reason, we suggest listing multiple contacts to ensure your organization receives the most up to date information. To begin your first year of membership, you will pay [\\$440](#). Your membership expires on June 30th 2021. As an added convenience, you may choose to automatically renew your membership by checking the automatic renewal box below.

The price for membership is [\\$440.00](#) now.

Membership expires on June 30, 2022.

Do you have a discount code? [Click here to enter your discount code.](#)

ACCOUNT INFORMATION [ALREADY HAVE AN ACCOUNT? LOG IN HERE](#)

Username *

Password *

Confirm Password *

Email Address *

Confirm Email Address *

COMMUNITY INFORMATION

City/Community Name *

State/Province *

Country *

Population Size *

Does your city currently have a sister city? ☐ *

CONTACT INFORMATION

First Name *

Last Name *

Title *

Organization *

Address *

City *

State/Province *

ZIP/Postal Code *

SECONDARY CONTACT INFORMATION (OPTIONAL)

First Name

Last Name

Title

SecondaryOrganization

Address

City

State/Province

ZIP/Postal Code

Secondary Email Address

Choose Your Payment Method



Pay by Credit Card



Pay by Check

BILLING ADDRESS

First Name *

Last Name *

Address 1 *

Address 2

City *

State *

Postal Code *

Country

United States



*

Phone *

PAYMENT INFORMATION

WE ACCEPT VISA, MASTERCARD, AMERICAN

EXPRESS, AND DISCOVER

Card Number *

Expiration Date */ *

Security Code (CVC) * (what's this?)

Discount Code

[Submit and Check Out »](#)