



Polish American Congress, Inc.

INDIVIDUAL MEMBERSHIP APPLICATION

If filling out by hand, **Please Print**

Dr. Mr. Mrs. Ms. Miss (other) _____

Last Name

First Name

M. I.

Address

City

State

ZIP

Residence Telephone

Occupation

Business Telephone

e-mail

Fax

American Citizen

By birth

Languages Spoken:

English

By Naturalization

Polish

Permanent Resident

Other _____

Signature of Applicant

Date

As required by the PAC Bylaws, membership of the above applicant is recommended by these PAC members:

Signature

Date

Signature

Date

Print Name

Print Name

Address

Address

The PAC State Division recommends
 does not recommend
this applicant for Individual Membership in the
Polish American Congress

The PAC National Office accepts
 does not accept
this applicant as a member of the
Polish American Congress

Signature

Signature

Title

Date

Title

Date