



Individual Membership Application
Polish American Congress

Name of Applicant

Last Name	First Name	Initial (s)
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Address (No., Street, City, State, Zip Code)

Telephone No.	Business No.	E-mail
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What languages do you speak? English, Polish, Other _____

To what Polish organizations do you belong? (Specify if you hold office) _____

Citizenship

American Citizen By Birth By Naturalization- Month and Year _____

Permanent Resident Date of Arrival in the United States- Month and Year _____

Applicant Signature _____ **Date** _____

As required by the PAC by-laws membership of the above applicant is recommended by:

1 _____	2 _____
Signature _____	Signature _____
Date _____	Date _____
Print _____	Print _____
Address _____	Address _____

The PAC State Division Recommends Does not recommend this applicant for individual membership

Signature _____ Title _____ Date _____

The PAC National Executive Committee Accepts Does not accept this applicant as a member

Signature _____ Title _____ Date _____

Membership Type

- _____ \$30 Individual
- _____ \$18 Student
- _____ \$60 Small organization (2 delegates)
- _____ \$145 Large organization (4 delegates)

Please return this form with check payable to
Polish American Congress - Wi. Division
Mail to:
PAC - Wi. Div.
Steve Pienkos
111 W. Wilson Street Apt. # 15
Madison, Wi. 53708