



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) _____

Items of interest to you, or for which you are willing to volunteer or join in.

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

 - _____ Donation for PAC programs

Please return this form with check payable to
Polish American Congress - WI Division
Mail to:

PAC - WI Division
David Rydzewski
5423 N. Diversey Blvd.
Whitefish Bay, WI 53217