



Individual Membership Application
Polish American Congress

Name of Applicant

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Initial (s) |
|-----------|------------|-------------|

Address (No., Street, City, State, Zip Code)

| | | |
|---------------|--------------|--------|
| Telephone No. | Business No. | E-mail |
|---------------|--------------|--------|

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
5423 N. Diversey Blvd.
Whitefish Bay, WI 53217