



MEMBERSHIP APPLICATION
Polish American Congress, Wisconsin Division

Applicant's information:

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)

What skills and/or interests do you have that you would be willing to contribute to the Polish American Congress - WI Division?

- Membership type:
- _____ \$30 Individual
 - _____ \$45 Family (2 members)
 - _____ \$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 - Wisconsin Division
Karen Wieckowski
3321 S. 87th Ct.
Milwaukee, WI 53227