

MEMBERSHIP APPLICATION
Polish American Congress, Wisconsin Division

Applicant's information:

_____

Last Name First Name Initial(s)

Second person (if Family Membership):

_____

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)

_____

_____

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**
5423 N. Diversey Blvd
Whitefish Bay, WI 53217

** For each delegate, please list their name, address, phone number and email address on the back of this form*

rev 2026/10/27