



POLISH AMERICAN CONGRESS, INC.

INDIVIDUAL MEMBERSHIP APPLICATION

If filling out by hand, **Please Print**

Dr. Mr. Mrs. Ms. Miss (other) _____

Last Name First Name M. I.

Address

City State Zip Residence Telephone ()

Occupation Business Telephone ()

E-mail Fax ()

U.S. Citizen By Birth By Naturalization Languages Spoken: English Polish Other _____

Permanent Resident

Signature of Applicant

Date

As required by the PAC Bylaws, membership of the above applicant is recommended by these PAC members:

Signature _____	Date _____	Signature _____	Date _____
Print Name _____		Print Name _____	
Address _____		Address _____	

The PAC State Division · recommends · does not recommend this applicant for Individual Membership in the Polish American Congress	The PAC National Office · accepts · does not accept this applicant as a member of the Polish American Congress
Signature _____	Signature _____
Title _____	Title _____
Date _____	Date _____