



Polish American Congress Long Island Division, Inc.

Individual Membership Application

Adult...\$50, Family...\$75, Student...\$17, Retired...\$25, Supporter...\$20

Application with annual dues please send to:

PAC-Long Island c/o Polish American Museum
16 Belleview Av. NY 11050

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 () _____

American Citizen -by birth
 -by naturalization
Permanent Resident

Relation with Poland: -by birth
 -by parents
Other _____

Languages Spoken: English
Polish
Other _____

For full time students only:
Name of school or university _____
Address: _____ City _____
State: _____ Zip _____ Telephone: _____

Applicant Signature _____ Date _____

Spouse Information:

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

Last Name _____ First Name _____ M. I. _____

Address _____

City _____ State _____ ZIP _____ Residence Telephone () _____

Occupation _____ Business Telephone () _____

e-mail _____ Fax () _____

American Citizen -by birth
 -by naturalization
Permanent Resident

Relation with Poland: -by birth
 -by parents
Other _____

Languages Spoken: English
Polish
Other _____

Applicant Signature _____ Date _____