



Polish American Congress, Inc.

Individual, Student and Family Membership Application

Application with annual dues of \$50 for individual, \$17 for student and \$75 for family members should be mailed to:

Polish American Congress Long Island New York Division
329 Peninsula Blvd. Hempstead, NY 11550

Include a check for: IM /SM/FM \$ _____

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 Relation with Poland: Languages Spoken:
-by birth -by birth English
-by naturalization -by parents Polish
Permanent Resident Other _____ 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 Relation with Poland: Languages Spoken:
-by birth -by birth English
-by naturalization -by parents Polish
Permanent Resident Other _____ Other _____

Applicant Signature _____ Date _____



12 - 18 years old children living in parents household

1) Last Name _____ First Name _____ MI _____ Sex; M/F
D.O.B _____ Place of Birth _____

Parent Signature _____ Date _____

2) Last Name _____ First Name _____ MI _____ Sex; M/F
D.O.B _____ Place of Birth _____

Parent Signature _____ Date _____

3) Last Name _____ First Name _____ MI _____ Sex; M/F
D.O.B _____ Place of Birth _____

Parent Signature _____ Date _____

4) Last Name _____ First Name _____ MI _____ Sex; M/F
D.O.B _____ Place of Birth _____

Parent Signature _____ Date _____

As required by the PAC By-laws, membership of the above applicant is recomendet by the PAC members

Signature Date

Print Name

Address

Signature Date

Print Name

Address

The PAC State Division ____ recommends ____ does not recomend this applicant for IM ; SM; FM; AM in the Polish American Congress	The PAC National Office ____ accepts ____ does not accepts this applicant as a _____ member of the Polish American Congress
_____ Signature	_____ Signature
_____ Title Date	_____ Title Date