



# Polish American Congress, Inc.

## Organizational Membership Application

Application with annual dues of \$100 should be mailed to:

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

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

Name of Organization				
President's Name				
President's Address				
Street		City, State & Zip Code		
Tel (Home)	Tel (Business)	Fax	e-mail	
Address all correspondence to:				
Name		Title	Address	City, State & Zip Code
Tel (Home)		Tel (Business)		e-mail address
Year Organization Established	Current Number of Members in Organization		Current Number of Groups (Chapters) in Organization	
When are Meetings Held?		When are elections of officers held? _____		
		How long is the term of office? _____		
Where are Meetings Held?				
Address		City, State & Zip Code		
Number of Authorized delegates to the PAC				
Dues Payment Enclosed: \$ _____ Cash _____ Personal Check _____ Money Order _____ Credit Card				
Credit Card #		Exp. Date:	Card Type: _____ Visa _____ Master Card _____ Discover _____ Express	

The PAC State Division _____ Recommends / _____ Does not Recommend this applicant for individual membership in the PAC:		
Signature	Title	Date

Signature of President \_\_\_\_\_

Date \_\_\_\_\_

Signature of Secretary \_\_\_\_\_

Date \_\_\_\_\_

The PAC National Executive Committee _____ Accepts/ _____ Does Not Accept this applicant for individual membership in the PAC:		
Signature	Title	Date



**NAMES AND ADDRESSES OF THE DELEGATES FROM YOUR ORGANIZATION TO THE POLISH AMERICAN CONGRESS**

1. Delegate's Name

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Delegate's Address

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Street \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

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Tel (Home) \_\_\_\_\_ Tel (Business) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_

2. Delegate's Name

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Delegate's Address

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Street \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

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Tel (Home) \_\_\_\_\_ Tel (Business) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_

3. Delegate's Name

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Delegate's Address

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Street \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

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Tel (Home) \_\_\_\_\_ Tel (Business) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_

4. Delegate's Name

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Delegate's Address

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Street \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

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Tel (Home) \_\_\_\_\_ Tel (Business) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_

5. Delegate's Name

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Delegate's Address

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Street \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

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Tel (Home) \_\_\_\_\_ Tel (Business) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_