

Polish American Congress Long Island Division, Inc.

Organizational Membership Application

Application with annual dues of \$100 please send to:

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

Name of Organization						
President's Name	этэг байлан турган харган дайн харгаар	reace accepts and an artist of executions of 20 molecules and an artist of the annual accepts of the desired and an artist of the annual accepts of the acc				
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Street	City, State 8	Zip Code				
Tel (Home)	Tel (Business) F		e-mail			
Address all correspondence to:						
Name	Title Address		City, State & Zip Code			
Tel (Home)	Tel (Busines	5 }	e-mail address			
Year Organization Established	Current Number of Members in C	erganization	Current Number of Groups (Chapters) in Organization			
When are Meetings Held?		When are ele-	ctions of officers held?			
		How long is th	ne term of office?			
Where are Meetings Held?		anna ann an Aonaige				
ddress City, State & Zip Code						
Number of Authorized delegates to the	ne PAC					
Dues Payment Enclosed: \$	Cash	Personal Check	Money OrderCredit Card			
Credit Card #	Exp. D	a the .	Card Type: Visa Master Card Discover Express			
The PAC State Division Rec	commends /Does not Recom	mend this appl	icant for individual membership in the PAC:			
Signature	Title		Date			
Signature of President		unsen geste til mat greise har splinder er sehr være er menne menne derhekte være er i der er se sen se	Date			
Signature of Secretary		Adabase for	Date			
The PAC National Executive Com	mitteeAccepts/Does Not	Accept this app	licant for individual membership in the PAC:			
Signature	Title	and a significant resistance of the section of the	Date			

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

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	Delegate's Address				
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5.	Delegate's Name Delegate's Address	ett mång til 1,5 spining med med en til delph i jornmet flam dem i stelle in men et sydlyps fra sy pener men.			
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