



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 _____		
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 _____

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

1. Delegate's Name _____

Delegate's Address _____

Street _____ City, State & Zip Code _____

Tel (Home) _____ Tel (Business) _____ Fax _____ e-mail address _____

2. Delegate's Name _____

Delegate's Address _____

Street _____ City, State & Zip Code _____

Tel (Home) _____ Tel (Business) _____ Fax _____ e-mail address _____

3. Delegate's Name _____

Delegate's Address _____

Street _____ City, State & Zip Code _____

Tel (Home) _____ Tel (Business) _____ Fax _____ e-mail address _____

4. Delegate's Name _____

Delegate's Address _____

Street _____ City, State & Zip Code _____

Tel (Home) _____ Tel (Business) _____ Fax _____ e-mail address _____

5. Delegate's Name _____

Delegate's Address _____

Street _____ City, State & Zip Code _____

Tel (Home) _____ Tel (Business) _____ Fax _____ e-mail address _____