



Polish American Congress, Inc.

INDIVIDUAL MEMBERSHIP APPLICATION

Please Print

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

Last Name

First Name

M. I.

Address

City

State

ZIP

Residence Telephone

Occupation

Business or Cell Telephone

E-mail

Fax

American Citizen

By birth

By Naturalization

Permanent Resident

Languages Spoken: English

Polish

Other _____

Signature of Applicant

Date

As required by the PAC Bylaws, membership of the above applicant is recommended by these PAC members:

Signature

Date

Signature

Date

Print Name

Print Name

Address

Address

The PAC State Division recommends
 does not recommend
this applicant for Individual Membership in the
Polish American Congress

Signature

Title

Date

The PAC National Office accepts
 does not accept
this applicant as a member of the
Polish American Congress

Signature

Title

Date

Please enclose a check payable to
Washington Metro Division PAC:

Annual Membership Dues **\$50.00**

Voluntary Contribution: National Representation _____

Polish Agenda _____

American Agenda _____

Total _____

Submit your application to:

PAC Washington Metro Area Div.

Gloria Klepczynski, Corr. Sec.

1204 Whetstone Dr.

Arnold MD 21012