



# 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

Languages Spoken:  English

By Naturalization

Polish

Permanent Resident

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.

Ted Mirecki, Pres.

900 N. Taylor St. Apt. 617

Arlington AV 22203