

Polish American Congress Membership Application

POLISH AMERICAN CONGRESS

1612 K Street NW, Suite 1200, Washington, DC 20006

Tel: 202-296-6955 / Fax: 202-835-1565

Web: www.PAC1944.org

Email: PACWash@PAC1944.org

PAC Southern California Division

3400 W Adams Blvd, Los Angeles, CA 90018

Tel: 310-234-9900 / Fax: 310-693-9498

Web: www.PACSoCal.org

Email: president@PACSoCal.org

Membership: gkmalolepszy@cox.net

PLEASE TYPE OR PRINT CLEARLY

If family list all names

Name of Applicant: _____

ANNUAL MEMBERSHIP DUES INDIVIDUAL:\$50 FAMILY:\$70

Last Name First Name Initial(s)

Address (Street, City, State, Zip Code)

Telephone Number 1 Telephone Number 2 Email Address

What Languages Do You Speak? English Polish Other _____

To what Polish-American organizations do you belong? (Specify if you hold office)

CITIZENSHIP:

US Citizen: Permanent Resident: - Date of Arrival in the United States - Month and Year _____

Please check your preference of committees interested: Membership Ways & Means Polish Agenda Audit

American Agenda Culture & Youth Grievance Charitable Political Action Education Special Events

Publicity Historical Ad Hoc

Applicant Signature: _____ Date _____

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

Please check if you don't know a member

1. _____
Signature

2. _____
Signature

Print Name

Print Name

Address

Address

The PAC State Division Recommends Does Not Recommend this applicant for individual membership in the PAC.

Signature

Title

Date

The PAC National Executive Committee Accepts Does Not Accept this applicant as a member of the PAC.

Signature

Title

Date