THE POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

INDIVIDUAL MEMBERSHIP APPLICATION

PLEASE RETURN THE APPLICATION TO:
POLISH AMERICAN CONGRESS-ILLINOIS DIVISION
5711 N. Milwaukee Ave
Chicago, IL. 60646

Phone: 773-631-330
Fax: 773-631-7268
e-mail: contact@pacil.org

PLEASE TYPE OR PRINT CLEARLY **DATE:**

Name of applicant (please indicate how you wish to be addressed)
Last Name **First Name** **Initial (s)**

Address (No., Street, City, State, Zip Code

Telephone number (home)	**Business Phone**	**Cell Phone**	**Fax**

E-mail address

Citizenship:
____ American Citizen: ____By Birth ____ By Naturalization
____ Permanent Resident

What language do you speak? _____ Polish _____English Other_____

What Polish-American organizations do you belong? (specify if you hold office)

Amount Paid: **_____ Cash _____ Personal Check _____ Money Order _____Credit Card**

Credit Card # **Exp. Date:** **Card Type: _____ Visa _____Master Card**
_____Discover _____ Express

Applicants Signature_____ Date_____

As required by the PAC By-Laws, membership of above applicant is recommended by:

1._____
Signature Date

_____
Print Name

_____
Address

2._____
Signature Date

_____
Print Name

_____
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 for individual membership in the PAC:

_____ _____ _____
Signature Title Date