



THE POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

ORGANIZATIONAL 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 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

Signature of President _____

Date _____

Signature of Secretary _____

Date _____

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



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 _____