

# 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: 773-631-3300  
 Fax: 773-631-7268  
 e-mail: [pacil@sbcglobal.net](mailto:pacil@sbcglobal.net)

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

The PAC State Division \_\_\_\_\_ Recommends / \_\_\_\_\_ Does not Recommend this applicant for individual membership in the PAC:

Signature	Title	Date
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Signature of President \_\_\_\_\_

Date \_\_\_\_\_

Signature of Secretary \_\_\_\_\_

Date \_\_\_\_\_

The PAC National Executive Committee \_\_\_\_\_ Accepts/ \_\_\_\_\_ Does Not Accept this applicant for individual membership in the PAC:

Signature	Title	Date
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**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