



# Polish American Congress, Inc.

## INDIVIDUAL MEMBERSHIP APPLICATION

If filling out by hand, Please Print

Dr.  Mr.  Mrs.  Ms.  Miss  (other) \_\_\_\_\_

Last Name

First Name

M. I.

Address

City

State

ZIP

Residence Telephone

Occupation

Business 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

**PAC Washington Metro Area Division**

Annual Membership Dues **\$30.00**

Administrative Fee **\$5.00**

Voluntary Contribution: Polish Agenda \_\_\_\_\_

American Agenda \_\_\_\_\_

Total \_\_\_\_\_

Submit your application to:

PAC Washington Metro Area Div.

Irena Mirecki, Corr. Secretary

4041 Forty-First St.

McLean, VA 22101