



Polish American Congress, Inc.

ver. 05/2019

INDIVIDUAL MEMBERSHIP APPLICATION

If filling out by hand, **Please Print**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ (other) _____

Last Name

First Name

M. I.

Address

City

State

ZIP

Area Code

Phone Number

E-mail

☐ Student

American Citizen

☐ By birth

☐ By Naturalization

Permanent Resident

☐

Languages Spoken: ☐ English

☐ Polish

☐ 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