**Polish American Congress – Illinois Division**



**Individual Membership Application**

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| **PLEASE TYPE OR PRINT**  **CLEARLY**  *(All fields are required.)* | | **PLEASE RETURN THE APPLICATION TO:**  **POLISH AMERICAN CONGRESS - IL DIVISION**  **110 W. Higgins Rd., Unit 2**  **Park Ridge, IL 60068** | | *Contact …*  Phone: 847-825-6222  Email: [pacil@sbcglobal.net](mailto:pacil@sbcglobal.net) |
| **Date** | | | | |
| Mr, Mrs, Ms, Miss, Dr (circle one)  **Last Name First Name Initial(s)** | | | | |
| **Address** (Nr., Street, City, State, Zip Code) | | | | |
| **Home Phone** | **Mobile Phone** | | **Business Phone** | |
| **Email Address** ( 🞏 - check this box if NEW since last form submission) | | | **U.S. Residency Status** (check as applicable)  **🞏 Citizen**… 🞏 By Birth 🞏 By Naturalization **| 🞏 Permanent Resident** | |
| **What languages do you speak? 🞏 Polish 🞏 English 🞏 Other** (specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **What Polish-American organizations do/did you belong to?** Specify if you hold/held office in said organization/s. | | | | |
| **Dues payment enclosed** (check one): **🞏 Personal Check 🞏 Cash 🞏 Money Order**  *( Member $50.00 / Student Member $25.00 )* | | | | |
| **PLEASE ATTACH BRIEF BIOGRAPHY**  *If applicable, please emphasize your personal contributions to Polish organization/s* | | | | |
| **As required by the PAC-IL Bylaws, membership of the above applicant is recommended by current PAC member:** | | | | |
| **(1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address | | | **(2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address | |
| **Applicant’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Office Use Only:* | | | | |
| **The PAC State of Illinois Division \_\_\_\_\_ Recommends / \_\_\_\_\_Does not recommend this applicant for individual membership in the PAC**:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| **The PAC National Executive Committee \_\_\_\_\_ Recommends / \_\_\_\_\_Does not accept this applicant for individual membership in the PAC**:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

*Ver: 2/2019*