POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

INDIVIDUAL MEMBERSHIP APPLICATION

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

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