**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: 847-825-6222Email: 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*