



# POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

## ORGANIZATIONAL MEMBERSHIP APPLICATION

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<p><b>PLEASE TYPE OR PRINT CLEARLY</b> <i>(All fields are required.)</i></p>	<p><b><u>PLEASE RETURN THE APPLICATION TO:</u></b>  <b>POLISH AMERICAN CONGRESS - IL DIVISION</b>          110 W. Higgins Rd., Unit 2          Park Ridge, IL 60068</p>	<p style="text-align: right;"><i>Contact ...</i></p> <p style="text-align: right;">Phone: 847-825-6222          Email: <a href="mailto:pacil@sbcglobal.net">pacil@sbcglobal.net</a></p>
Name of the Organization		Date
President's Full Name		
President's Address (Nr., Street, City, State, Zip Code)		
President's Home Phone	President's Mobile Phone	President's Business Phone
President's Email Address ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)		President's U.S. Residency Status (check as applicable) <input type="checkbox"/> Citizen... <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization   <input type="checkbox"/> Permanent Resident
Year Organization Established	Current Number of Members in Organization	Current Number of Groups (Chapters) in Organization
When are elections held?		How long is the term of the office?
When are meetings held?	Where are the meetings held? _____ <i>Street address</i> <span style="float: right;"><i>City, State &amp; ZIP</i></span>	
Number of authorized delegates to the PAC-IL		
Dues payment enclosed: \$ _____ <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card		
Organization's President <u>or</u> Secretary Signature _____  Date _____		

*Office Use Only:*

The PAC IL Division ___ recommends / ___ does not recommend this organization and its delegates for membership in the PAC  Signature _____ Position _____ Date _____
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The PAC National Executive Committee ___ recommends / ___ does not accept this organization and its delegates for membership in the PAC  Signature _____ Position _____ Date _____
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## NAMES, ADDRESSES AND RESIDENCY ATTESTATION OF THE DELEGATES FROM THIS ORGANIZATION TO THE POLISH AMERICAN CONGRESS

<b>1</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial(s)</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>2</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial(s)</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>3</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial(s)</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>4</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial(s)</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>5</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial(s)</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	