



POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

INDIVIDUAL MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY <i>(All fields are required.)</i>	Please return this application to: POLISH AMERICAN CONGRESS – ILLINOIS DIVISION 110 W. Higgins Rd., Unit 2 Park Ridge, IL 60068	Phone: 847-825-6222 Email: contact@pacillinois.org
Date		
Mr, Mrs, Ms, Miss, Dr (circle one)		
Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)		
Home Phone	Mobile Phone	Business Phone
Email Address	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	
What languages do you speak?	<input type="checkbox"/> Polish <input type="checkbox"/> English <input type="checkbox"/> 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): <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <i>(Member \$50.00 / Student Member \$25.00)</i>		
PLEASE ATTACH BRIEF BIOGRAPHY <i>If applicable, please emphasize your personal contributions to Polish organization/s</i>		
As required by the PAC-IL Bylaws, membership of the above applicant is <u>recommended by current PAC member</u>:		
(1) _____ Signature _____ Date _____ _____ Full Name _____ _____ Address _____	(2) _____ Signature _____ Date _____ _____ Full Name _____ _____ Address _____	
Applicant's Signature _____ Date _____ <i>By applying for membership in PAC IL you agree to receive paper and electronic communication.</i>		

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 _____