



POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

INDIVIDUAL MEMBERSHIP RENEWAL FORM

PLEASE TYPE OR PRINT CLEARLY	<b style="color: red;">Please return this form 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 _____					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Last Name</td> <td style="width: 33%; border: none;">First Name</td> <td style="width: 33%; border: none;">Middle Initial</td> </tr> </table>			Last Name	First Name	Middle Initial
Last Name	First Name	Middle Initial			
Address (Nr., Street, City, State, Zip Code) _____					
Home Phone _____	Mobile Phone _____	Business Phone _____			
Email Address <input type="checkbox"/> - check this box IF NEW since last form submission)		Payment enclosed (check one): <input type="checkbox"/> Check <input type="checkbox"/> Money Order <i>(Individual Member \$50.00 / Student Member \$25.00)</i>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Member's Signature _____</td> <td style="width: 50%;">Date _____</td> </tr> </table> <p style="text-align: center; font-size: small; margin-top: 10px;"> <i>By applying for membership in PAC IL you agree to receive paper and electronic communication.</i> </p>			Member's Signature _____	Date _____	
Member's Signature _____	Date _____				