



ORGANIZATIONAL MEMBERSHIP APPLICATION

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NAMES, ADDRESSES AND RESIDENCY ATTESTATION OF THE DELEGATES FROM THIS ORGANIZATION TO THE POLISH AMERICAN CONGRESS

1	Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)			
U.S. Residency Status (must check one):		<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident
Home/Mobile Phone	Business Phone	Email Address	

2	Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)			
U.S. Residency Status (must check one):		<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident
Home/Mobile Phone	Business Phone	Email Address	

3	Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)			
U.S. Residency Status (must check one):		<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident
Home/Mobile Phone	Business Phone	Email Address	

4	Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)			
U.S. Residency Status (must check one):		<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident
Home/Mobile Phone	Business Phone	Email Address	

5	Last Name	First Name	Middle Initial
Address (Nr., Street, City, State, Zip Code)			
U.S. Residency Status (must check one):		<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident
Home/Mobile Phone	Business Phone	Email Address	