



POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

ORGANIZATIONAL MEMBERSHIP APPLICATION

Page 1 of 2

<p>PLEASE TYPE OR PRINT CLEARLY <i>(All fields are required.)</i></p>	<p>Please return this application to: POLISH AMERICAN CONGRESS – ILLINOIS DIVISION 6021 W. Belmont Ave. Chicago, IL 60634</p>	<p>Phone: 847-825-6222 Email: contact@pacillinois.org</p>
<p>Name of the Organization</p>		<p>Date</p>
<p>President's Name: Mr, Mrs, Ms, Miss, Dr (circle one)</p>		
<p>Last Name</p>	<p>First Name</p>	<p>Middle Initial</p>
<p>President's Address (Nr., Street, City, State, Zip Code)</p>		
<p>President's Home Phone</p>	<p>President's Mobile Phone</p>	<p>President's Business Phone</p>
<p>President's Email</p>		<p>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</p>
<p>Year Organization Established</p>	<p>Current Number of Members in Organization</p>	<p>Current Number of Groups (Chapters) in Organization</p>
<p>When are elections held?</p>		<p>How long is the term of the office?</p>
<p>When are meetings held?</p>	<p>Where are the meetings held?</p> <p>_____</p> <p style="text-align: center;"><i>Street address</i> <i>City, State & ZIP</i></p>	
<p>Number of authorized delegates to the PAC-IL</p>		
<p>Dues payment enclosed: \$ _____ <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card</p>		
<p>Organization's President or Secretary Signature _____</p> <p style="text-align: center;">Date _____</p> <p style="text-align: center;"><i>By applying for membership in PAC IL you, and all your delegates, agree to receive paper and electronic communication.</i></p>		

Office Use Only:

<p>The PAC IL Division ___ recommends / ___ does not recommend this organization and its delegates for membership in the PAC</p> <p>Signature _____ Position _____ Date _____</p>
--

<p>The PAC National Executive Committee ___ recommends / ___ does not accept this organization and its delegates for membership in the PAC</p> <p>Signature _____ Position _____ Date _____</p>
--



ORGANIZATIONAL MEMBERSHIP APPLICATION

Page 2 of 2

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	