



# POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

## ORGANIZATIONAL MEMBERSHIP RENEWAL FORM

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<b>PLEASE TYPE OR PRINT CLEARLY</b> <i>(All fields are required.)</i>	<b>Please return this form to:</b> POLISH AMERICAN CONGRESS - IL DIVISION 6021 W. Belmont Ave. Chicago, IL 60634	Phone: 847-825-6222 Email: <a href="mailto:contact@pacillinois.org">contact@pacillinois.org</a>
<b>Name of the Organization</b>		<b>Date</b>
<b>President's Name:</b> Mr, Mrs, Ms, Miss, Dr (circle one)		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>President's Address</b> (Nr., Street, City, State, Zip Code)		
<b>President's Home Phone</b>	<b>President's Mobile Phone</b>	<b>President's Business Phone</b>
<b>President's Email Address</b> <input type="checkbox"/> - check this box if <u>NEW</u> since last form		
<b>Address all correspondence to:</b>		
_____	_____	
<b>Name</b>	<b>Title</b>	
_____	_____	
<b>Address</b>	<b>City, State, Zip Code</b>	
_____	_____	
<b>Telephone (best to reach)</b>	<b>Telephone (business)</b>	<b>E-mail address</b> ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)
_____	_____	_____
<b>Current Number of Members in Organization</b>	<b>Current Number of Groups (Chapters) in Organization</b>	
_____	_____	
<b>When are meetings held?</b>	<b>Where are the meetings held?</b>	
_____	_____	
	<i>Street address</i>	<i>City, State &amp; ZIP</i>
<b>Number of authorized delegates to the PAC-IL</b>		
_____		
<b>Dues payment enclosed:</b> \$ _____ <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
<b>Organization's President or Secretary Signature</b> _____		
<b>Date</b> _____		
<i>By applying for membership in PAC IL you, and all your delegates, agree to receive paper and electronic communication.</i>		



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

<b>1</b>	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 ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>2</b>	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 ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>3</b>	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 ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>4</b>	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 ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	

<b>5</b>	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 ( <input type="checkbox"/> - check this box if <u>NEW</u> since last form)	