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POLISH AMERICAN CONGRESS - ILLINOIS DIVISION

INDIVIDUAL MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT **CLEARLY**

Please return this application to:

POLISH AMERICAN CONGRESS – ILLINOIS DIVISION 6021 W. Belmont Ave.

Phone: 312-521-0178

(All fields are required.)		6021 W. Belmont Ave. Email: contact@pacillinois.org Chicago, IL 60634	
Date		.	
Mr, Mrs, Ms, Miss, Dr (circle one)			
Last Name	Fire	st Name	Middle Initial
Address (Nr., Street, City, State, Zip Co	ode)		
Home Phone	Mobile Phone	Business Phone	
Email Address		U.S. Residency Status (ch	neck as applicable)
		☐ Citizen ☐ By Birth [☐ By Naturalization ☐ Permanent Residen
What languages do you speak?	☐ Polish [☐ Cother (specify)	
What Polish-American organizatio	ns do/did you belong to?	Specify if you hold/held office in said	organization/s.
Dues payment enclosed (check one) (Member \$50.00 / Student Member \$.		□ Cash □ M	oney Order
	_	TTACH BRIEF BIOGRAPHY	
		our personal contributions to Polish or	-
As required by the PAC-IL Bylaws,	membership of the above	applicant is <u>recommended by cur</u>	rent PAC member:
(1)		(2)	
Signature	Date	Signature	Date
Full Name		Full Name	
Address		Address	
Applicant's Signature		Date	
By apply	ing for membership in PAC II v	ou garee to receive paper and electron	ic communication.
Ву арріу	ing for membership in PAC IL y	ou agree to receive paper and electron	ic communication.

___ Position ___

______ Position _____

The PAC National Executive Committee _____Recommends / ____Does not accept this applicant for individual membership in the PAC:

_ Date __

_____ Date ___