



POLISH AMERICAN CONGRESS – ILLINOIS DIVISION

ORGANIZATIONAL MEMBERSHIP RENEWAL FORM

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PLEASE TYPE OR PRINT CLEARLY <i>(All fields are required.)</i>	Please return this form to: POLISH AMERICAN CONGRESS - IL DIVISION 6021 W. Belmont Ave. Chicago, IL 60634	Phone: 312-521-0178 Email: contact@pacillinois.org
Name of the Organization		Date
President's Name: Mr, Mrs, Ms, Miss, Dr (circle one)		
Last Name	First Name	Middle Initial
President's Address (Nr., Street, City, State, Zip Code)		
President's Home Phone	President's Mobile Phone	President's Business Phone
President's Email Address <input type="checkbox"/> - check this box if <u>NEW</u> since last form		
Address all correspondence to:		
Name		Title
Address		City, State, Zip Code
Telephone (best to reach)	Telephone (business)	E-mail address (<input type="checkbox"/> - check this box if <u>NEW</u> since last form)
Current Number of Members in Organization	Current Number of Groups (Chapters) in Organization	
When are meetings held?	Where are the meetings held?	
	Street address City, State & ZIP	
Number of authorized delegates to the PAC-IL		
Dues payment enclosed: \$ _____ <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
Organization's President or Secretary Signature _____ Date _____ <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**

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

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

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

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

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