





# ORGANIZATIONAL MEMBERSHIP RENEWAL FORM

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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>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Address</b> (Nr., Street, City, State, Zip Code)			
<b>U.S. Residency Status</b> (must check one):		<input type="checkbox"/> <b>Citizen</b>	<input type="checkbox"/> <b>Permanent Resident</b>
<b>Home/Mobile Phone</b>	<b>Business Phone</b>	<b>Email Address</b> ( <input type="checkbox"/> - check this box <u>if NEW</u> since last form)	

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

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

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

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