

Polish American Congress of Southern California Membership Application



Polish American Congress of Southern California

3400 W Adams Blvd, Los Angeles, CA 90018

Web: www.pacsocal.org

Email: president@pacsocal.org

PLEASE TYPE OR PRINT CLEARLY

If family list all names

Name of Applicant:

ANNUAL MEMBERSHIP DUES INDIVIDUAL:\$50 FAMILY:\$70

First Name Last Name Middle Name

Address (Street, City, State, Zip Code)

Telephone Number 1 Telephone Number 2 Email Address

What Languages Do You Speak? English Polish Other _____

To what Polish-American organizations you do/did belong? (Specify if you hold/held office):

CITIZENSHIP:
 US Citizen: Permanent Resident: - Date of Arrival in the United States - Month and Year _____

Please check your areas of interest that you would like to be involved in: Polish Agenda American Agenda
 Promotion of Polish history & culture Promotion of Polish American history & culture Political Action Education
 Special Events Publicity - Social Media Membership Recruitment Fundraising

Applicant Signature: _____ Date _____

As required by PAC Bylaws, membership of above applicant is recommended by:
Please check if you don't know a member

1. _____ Signature
2. _____ Signature

Print Name Telephone Print Name Telephone

The PAC of Southern California Recommends Does Not Recommend this applicant for individual membership in the PAC.

Signature Title Date