



# Polish American Congress, Inc.

ver. 05/2019

ORGANIZATION MEMBERSHIP APPLICATION

If filling out by hand, **Please Print**

Organization Name

Address

City

State

ZIP

Area Code

Phone Number

E-mail

**Voting Member 1:**

Last Name

First Name

M. I.

Address

City

State

ZIP

Area Code

Phone Number

E-mail

**Voting Member 2:**

Last Name

First Name

M. I.

Address

City

State

ZIP

Area Code

Phone Number

E-mail



# Polish American Congress, Inc.

ver. 05/2019

ORGANIZATION MEMBERSHIP APPLICATION

If filling out by hand, **Please Print**

Organization Name

**Non-voting Members:**

Last Name

First Name

M. I.

1. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

2. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

3. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

4. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

5. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

6. E-mail

Area Code

Phone Number

Last Name

First Name

M. I.

7. E-mail

Area Code

Phone Number