

APPLICATION FOR MEMBERSHIP

POLISH AMERICAN CITIZENS CLUB of CAMDEN COUNTY, NJ
P.O. BOX 344
COLLINGSWOOD, NJ 08108-0344

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

SOURCE OF POLISH HERITAGE _____
(please list relationship and last name)

DATE OF BIRTH _____ CITIZEN OF USA: YES ___ NO ___

APPLICANT'S SIGNATURE _____

APPLICANT'S EMAIL ADDRESS _____ @ _____

SPONSOR'S SIGNATURE _____

REGULAR MEMBER _____ SUPPORTING MEMBER _____

MEMBERSHIP COMMITTEE:
RECOMMENDED _____ NOT RECOMMENDED _____

ANNUAL DUES: _____ DATE SWORN IN: _____

MEMBERSHIP COMMITTEE