



Polish American Congress of Florida, Inc. Individual Membership Application Form

Applicant Information

Full Name: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____ E-mail: _____

I attached to this application \$30.00 to cover annual membership.
Please make a check or money order for POLISH AMERICAN CONGRESS OF FLORIDA, INC.

Applicant signature: Date:

Recommended by:

Member PAC of Florida

Name:

Phone:

Signature: Date:

Please send this application with your check or MO to:
PO Box 291465, Davie, Florida 33329

Thank you for joining our organization!



Polish American Congress of Florida, Inc. Suggestions Form

Basic Information

Full Name : _____

First

Last

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: _____ E-mail: _____

My recommendations & suggestions:

Please return to:
Polish American Congress of Florida, Inc
PO Box 291465, Davie, Florida 33329

Thank you for joining our organization!