



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:

Members PAC of Florida, Not a member PAC of Florida

Your Name:..... Your Name:.....

Phone:..... Phone:.....

Signature:Date..... Signature:Date.....
 (Two signatures required)

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

Thank you for joining our organization!

