

Polish American Cultural Society of Northeast Florida, Inc.

5850 Collins Road, Jacksonville, FL 32244

Phone: (940)772-7836



MEMBERSHIP APPLICATION

Please complete the application form, attach Membership Dues + **\$10.00** Application Fee.

Membership year: January 1st through December 31st. Dues are payable by January 1st; a **\$5.00** fee will be applied to delinquent dues after February's general meeting. Membership dues will be prorated as follows:

	Family	Single
Jan • Feb • Mar	\$75.00	\$50.00
Apr • May • Jun	\$60.00	\$40.00
Jul • Aug • Sep	\$45.00	\$30.00
Oct • Nov • Dec	\$30.00	\$20.00

Make check payable to: **Polish American Cultural Society of Northeast Florida, Inc.** Mail to: **P.O. Box 14689, Jacksonville, FL 32238**

Applicants Name _____	Birthday _____
First Last	Day/Month
Spouse's Name _____	Birthday _____
First Last	Day/Month
Child(ren) _____	
Name/Birthday	Name/Birthday
Address _____	Name/Birthday
Street	City State Zip Code
Phone _____	Phone _____
Home/Cell	Work/Other
Occupation _____	Self-Employed _____
Anniversary Date _____	
Day/Month/Yr optional	

Please indicate which type of activities you are willing to assist with at the Polish American Club:

- | | | | |
|---------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Publicity | <input type="checkbox"/> Decorations | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Polish Items | <input type="checkbox"/> Cooking | <input type="checkbox"/> Sick & Vigil | <input type="checkbox"/> Building/Grounds |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Crafts | <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Hospitality/Phone |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Clean-up | <input type="checkbox"/> Historic/Archives | |
| <input type="checkbox"/> Other _____ | | | |

Activities you and your family enjoy _____

Referred by (if applicable) _____

Applicant's Signature _____ Date _____

For Internal Use Only

Received Cash Check Amount \$ _____ Date _____

Membership Chairman _____

Signature