

# 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 1<sup>st</sup> through December 31<sup>st</sup>. Dues are payable by January 1<sup>st</sup>; 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
Name/Birthday	Name/Birthday
Address _____	
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