



THE VOICE OF OVER ONE MILLION AMERICANS OF POLISH DESCENT

**POLISH AMERICAN CONGRESS  
MICHIGAN DIVISION**

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**PLEASE TYPE OR PRINT CLEARLY**

Date: \_\_\_\_\_

<b>Name of Applicant</b>		
<b>Last name:</b> _____	<b>First Name:</b> _____	<b>Initial (s)</b> _____
<b>Address :</b>		
<b>Street name:</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Telephone Number :</b>		<b>Other Phone Number:</b>
(____) _____		(____) _____
<b>CITIZENSHIP:</b>		
_____ <b>American Citizen</b>		_____ <b>Permanent Resident</b>

<b>Applicant Signature:</b> _____	<b>Date:</b> _____
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<b>The PAC MI Division ___ Recommends/ _____ Does Not Recommend this applicant for individual membership in the PAC:</b>		
_____	_____	_____
<b>Signature</b>	<b>Title</b>	<b>Date:</b>
<b>The PAC National Executive Committee _____ Accepts/ _____ Does Not Accept this applicant as a member of the Polish American Congress:</b>		
_____	_____	_____
<b>Signature</b>	<b>Title</b>	<b>Date:</b>