



THE VOICE OF OVER ONE MILLION AMERICANS OF POLISH DESCENT

**POLISH AMERICAN CONGRESS
MICHIGAN DIVISION**

11333 JOS. CAMPAU

HAMTRAMCK, MICHIGAN 48212

Tel: (313) 365-9400 Fax: (313) 365-9474 E-mail: office@pacmi.org or president@pacmi.org Web site: www.pacmi.org

PLEASE TYPE OR PRINT CLEARLY

Date: _____

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

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