

POLISH AMERICAN ASSOCIATION OF SAN DIEGO

A NONPROFIT CALIFORNIA CORPORATION

APPLICATION FOR MEMBERSHIP

Name:
Last First M.I.

Address:
Street
.....
City State Zip code

Phone No.: Email

Sponsor:
Name Phone No. or /and Email

Describe your Polish heritage and /or interest in the Polish American Association.....
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Please list **all organizations** of which you are member.....
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.....

*I hereby apply for membership in the Polish American Association of San Diego.
I have read and understand the Membership Qualification Standards by which my application will be processed.
I agree to obey the rules and regulations as set out in the By-Laws of the Polish American Association of San Diego.
I authorize verification of all information necessary to process my application.*

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Signature of Applicant Date

BOARD APPROVAL: YES NO
Signature of Membership Chairperson Date