



POLISH-AMERICAN CITIZENS' CLUB

Taunton, Massachusetts

Application For Associate Membership

Applicant's full name _____
Last First MI

Address _____
Street City State Zip

Phone # _____ Email _____

Date of birth _____
Month Day Year Age Place of birth

Occupation _____

Is your spouse a member of the Polish-American Citizens' Club? _____ Yes _____ No
If yes, check one. _____ Regular member _____ Life member _____ Associate member

Reason for applying for membership _____

Name and signature of sponsoring members: (Regular members required for sponsorship)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Applicant's Signature Date

We, the undersigned members of the membership committee, having ascertained accurately the moral character of this candidate, recommend him/her to be accepted.

Membership Committee _____
(Signature and Date) _____

Accepted _____
Month Day Year Club Secretary's Signature