



POLISH-AMERICAN CITIZENS' CLUB

Taunton, Massachusetts

Application For Regular 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 _____

Explain your Polish or Slavic descent. _____

Sponsoring Members: (Regular members required for sponsorship)

Sponsor #1 _____
Print Name Signature

Sponsor #2 _____
Print Name Signature

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

P.O. BOX 2996
TAUNTON, MA 02780