

Polish University Club of Los Angeles Membership Application Form

APPLICANT

Name: _____ Title ___ Mr. ___ Mrs. ___ Ms.
___ Dr. ___ Rev.

First MI Last

Address: _____ Apt #: _____

Street Address

_____ E-mail: _____

City State ZIP

Day Telephone Number: (____) ____ - _____ Evening Telephone Number: (____) ____ - _____

Date of Birth: ____ / ____ / ____ Are You of Polish Heritage? ___ Mother's Side ___ Father's Side
MM DD YY

Highest Level of Education Completed: _____

Occupation: _____

Language Fluency (*Check all that apply*): ___ Polish ___ English ___ Other (Specify): _____

SPOUSE

Name: _____ Title ___ Mr. ___ Mrs. ___ Ms.
___ Dr. ___ Rev.

First MI Last

Address: _____ Apt #: _____

Street Address

_____ E-mail: _____

City State ZIP

Day Telephone Number: (____) ____ - _____ Evening Telephone Number: (____) ____ - _____

Date of Birth: ____ / ____ / ____ Are You of Polish Heritage? ___ Mother's Side ___ Father's Side
MM DD YY

Highest Level of Education Completed: _____

Occupation: _____

Language Fluency (*Check all that apply*): ___ Polish ___ English ___ Other (Specify): _____

CHILDREN (If under 18)

Name	Date of Birth (MM/DD/YY)	Gender
	___ / ___ / ___	M / F
	___ / ___ / ___	M / F
	___ / ___ / ___	M / F

MEMBERSHIP REQUESTED:

FAMILY **\$35.00**
 ASSOCIATE **\$25.00**
 STUDENT **\$10.00**
 HONORARY **N/A**

Signature of Applicant: _____ Date: _____