Polish University Club of Los Angeles Membership Application Form

Name:			Title	Mr	_MrsMs.
Address:Street Address	MI	Apt #:	_	Dr	_Rev.
City Day Telephone Number: ()		E-mail: Evening Telephone Number: ()			
Date of Birth: $\underline{\qquad}_{MM} / \underline{\qquad}_{DD} / \underline{\qquad}_{YY}$ Highest Level of Education Com					Father's Side
Occupation:					
Language Fluency (Check all that app			Other (Specif	τ̈́y):	
SPOUSE					
Name:			Title	Mr	_MrsMs.
				Dr.	_Rev.
Address:Street Addre	ess	· · · · · · · ·	- E moile		
City Day Telephone Number: ()		State ZIP Evening T	 Celephone N	Number: (_)
Date of Birth: $\underline{MM} / \underline{DD} / \underline{YY}$	Are You	of Polish Heritage?	Mother	's Side	Father's Side
MM DD YY Highest Level of Education Com					
-	-				
Occupation.					
	w: Polis	h Fnolish	Other (Specif	· ·	
Occupation: Language Fluency (Check all that app	oly):Polis	hEnglish	Other (Specif	ý):	
Language Fluency (Check all that app	oly):Polis	hEnglish	Other (Specif	ŷ):	
Language Fluency (Check all that app CHILDREN (If Under 18)	ame	hEnglish	Da	y): te of Birth M/DD/YY)	Gender
Language Fluency (Check all that app CHILDREN (If Under 18)		hEnglish	Da	te of Birth	
Language Fluency (Check all that app CHILDREN (If Under 18)		hEnglish	Da	te of Birth	Gender

MEMBERSHIP REQUESTED:	FAMILY (SPOUSES & CHILDREN UNDER 18)	
	ASSOCIATE (INDIVIDUAL)	\$30.00
	STUDENT (POST HIGH SCHOOL)	\$20.00

Signature of Applicant: _____ Date: _____