



## PCC APPLICATION FOR MEMBERSHIP

**ALL APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER AND OF POLISH OR SLOVIC EXTRACTION,  
OR WHOSE SPOUSE IS OF POLISH OR SLAVIC EXTRACTION.**

DATE: \_\_\_\_\_ SLAVIC DESCENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

e-mail: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

U.S. CITIZENSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_

MARRITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OTHER MEMBERSHIPS: \_\_\_\_\_

PRINT

SIGNATURE

NAME: \_\_\_\_\_

SPONSORS (3): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date accepted by BOD: \_\_\_\_\_ Date accepted by Membership: \_\_\_\_\_

Date Sworn In: \_\_\_\_\_

MEMBERSHIP DUES PER YEAR: \$25.00

**Polish Community Center of Albany 225 Washington Ave. Ext., Albany, NY 12205**

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