

# 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: $40.00**

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