



## Polish Center of John Paul II

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[www.PolishCenterFL.org](http://www.PolishCenterFL.org), [www.facebook.com/pcjp2](http://www.facebook.com/pcjp2)

# MEMBERSHIP APPLICATION

PLEASE FILL IN CAPITAL LETTERS

### CANDIDATE INFORMATION

First Name:	Middle Name:	Last Name:
Date of Birth [MONTH/DAY/YEAR]:	Place of Birth:	<input type="radio"/> I am Polish <input type="radio"/> I am of Polish origin
Spouse's First and Last Name:		
Occupation, Business Name, Hobbies:		
Cell Phone:	Home Phone:	Work Phone:
Other Phone:		Fax:
E-mail address:	<input type="checkbox"/> I agree to receive e-mails about the activities of the Polish Center	
Mailing Address [permanent or temporary]:	Valid in months (FROM – TO):	
Mailing Address [other temporary]:	Valid in months (FROM – TO):	

### CONTACT IN CASE OF EMERGENCY

First & Last Name:	Relationship:	Phone:
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### PROPOSAL FOR ACTIVE PARTICIPATION IN THE WORKS OF THE ORGANISATION

Understanding that the Polish Center bases its activities on volunteering, I volunteer to help in the following range of my interests and skills:

### DECLARATIONS & SIGNATURES

- I declare my willingness to join the Polish Center and undertake to comply with the provisions of its Statute.  
 I commit to renew my membership, valid from January 1 to December 31 of each calendar year (membership fee is currently \$60 per adult or \$30 per youth studying between the ages of 16 to 24)

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

Candidates of non-Polish origin may be accepted if they are recommended by two active Members of the Organization and approved by the Membership Committee:

\_\_\_\_\_  
Sponsor's Signature [1]

\_\_\_\_\_  
Sponsor's Signature [2]

**DO NOT WRITE BELOW THIS LINE**

### ANNOTATIONS OF THE MEMBERSHIP COMMITTEE:

ID Card Number:	Date of Membership:	Date of Update:
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