

PULASKI CLUB OF PHOENIX ARIZONA INC

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MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name: (First, Middle Initial, Last): _____

Address: (street, apt / unit number): _____

City, State, Zip Code: _____

Email address: _____

Phone: home / cell _____

Marital Status: [ ] Single [ ] Married Date of Birth: _____

Language(s) spoken: _____ Place of Birth: _____

Are you a citizen of the USA? _____ Is your Spouse? _____

If no, what country? _____ Is spouse of Polish heritage? _____

Past occupation and/or skills: _____

Applicant's Signature: _____

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SPONSORED BY: _____

Dues received: [ ] Cash [ ] Check [ ] Credit Card Date Paid: _____

Dues are $30.00 per year. Dues must be paid in full with initial application. Applicant must be inducted within three months of this application or affirm with signature by mail. No refunds if membership approved.

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Membership Type: [ ] Active [ ] Associate

Action by the Executive Board: [ ] Approved [ ] Rejected Date: _____

Action by the General Membership: [ ] Approved [ ] Rejected Date: _____

Membership Chairman Signature: _____ Date: _____

President Signature: _____ Date: _____

Inducted at Membership Meeting on: _____

Inducted by mail affirmation on: _____