



House of Poland



"Your Ambassador of Polish Heritage and Culture"

Application for Membership

Name _____
Last First M.I.

Address _____
Street

City State Zip

Telephone _____

Email _____

Type of Membership Regular Junior
(less than 18 years old)

Profession (Optional) _____

Sponsor's Name _____

I hereby apply for membership in the House of Poland
I agree to follow the bylaws of the House of Poland Inc. and the House of Pacific Relations Inc.

Signature of Applicant Date

Board Approval _____
Yes No Signature of Membership Chairperson

Membership Number: _____ Dues Paid: _____
Check #