

## Coalition of Polish Americans Koalicja Polonii Amerykańskiej

## **Membership** Application

## If completing by hand, PLEASE PRINT

## **MEMBERSHIP DESIRED:**

Individual Member: any individual that supports the mission of the CPA, signs this Application, and pays annual dues of \$100, or as established by the Board of Directors.
Family Member: this membership status is granted to family members who dwell in a common household. The first FM pays regular dues, and the next FMs pay discounted annual dues as established by the Board.
Student Member: any active student under 27 years of age that supports the mission of the CPA, signs this Application, and pays discounted annual dues as established by the Board of Directors.
Retiree Member: any retired person over 65 years of age that supports the mission of the CPA, signs this Application, and pays discounted annual dues as established by the Board of Directors.

**Organization Member**: any Polish-American organization accepted by the CPA board. **Note**: organization member does not hold voting rights. The **OM** annual fee is equal to Regular Member fee. Individuals belonging to **OM** may be granted discounted fees as established by the CPA board.

LAST NAME / ORGANIZATION NAME			FIRST NAME	Μ	II	TITLE	
						$\Box$ DR $\Box$ MR	
						□ MRS □MS	
ADDRESS	100 M		CITY	SI	TATE	ZIP	
PHONE	HONE EMAIL			SI	SKYPE (optional)		
		30					
OCCUPATION	MEMBERSHIP	ERSHIP IN ORGANIZATIONS (optional)					
REASON FOR JOINING / HOW DID YOU HEAR OUT ABOUT US							
	20						
MEMBERSHIP OF THE ABOVE APPLICANT IS RECOMMENDED BY							
PRINT NAME (1)	PRINT NAME	PRINT NAME (2) (optional)					
DECLARATION							
I, the undersigned, declare and certify that I have never been: 1. An officer, agent, employee or operative of a Secret							
Service, Secret Police, Security Service or military intelligence of a communist country (such as UB, SB, WSI, KGB or GRU) . 2. An informant, secret or otherwise, of the above organizations (such as TW-tajny współpracownik)							
SIGNATURE DATE							
APPLICATION			APPROVED	□ DECLINED			
SIGNATURE			TITLE		DATE		