



THE POLISH UNIVERSITY CLUB OF NEW JERSEY

MEMBERSHIP APPLICATION FORM

NAME		TITLE	
HOME ADDRESS		BUSINESS ADDRESS	
U.S. CITIZEN YES ___ NO ___ If not, please provide evidence of application for U.S. citizenship		TYPE OF WORK	
MY POLISH ORIGIN FATHER'S SIDE ___ MOTHER'S SIDE ___ BOTH ___			
NAMES OF COLLEGES/UNIVERSITIES ATTENDED	ADDRESS	DEGREE	DATE
OF WHAT PROFESSIONAL OR FRATERNAL ORGANIZATION ARE YOU A MEMBER?		WHAT OFFICE DO YOU HAVE OR HAVE HELD?	

SPONSORED BY _____ **SPONSOR'S SIGNATURE** _____

APPLICATION'S SIGNATURE _____

Please submit this application form, proof of university degree and a \$50 check made payable to the POLISH UNIVERSITY CLUB OF NJ (which includes application fee and 1st year dues) to:

Wes J. Warchol
 2256 Stocker Lane
 Scotch Plains NJ 07076

MEMBERSHIP COMMITTEE USE ONLY

Committee review date _____

Comments _____

Board review date _____

Comments _____

This application has been acted upon this day of , 200 **and we do** **approve this applicant for membership.**

Chairperson signature _____ **was sworn as a member at the** , 200 **meeting.**