



POLISH AMERICAN CONGRESS

OF EASTERN MASSACHUSETTS, INC

PO Box 52656, Boston MA 02205

Telephone: (413) 636-6743

E-Mail: info@pacemass.org

Internet: PACEMASS.org

MEMBER APPLICATION FORM

Please print:

Name: _____

Organization: _____
(when applicable)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Secondary Telephone: _____

Email: _____

Type of Membership: Individual _____ Organization: _____ Student: _____

Comments/Interests _____

PAC Membership types and fees

Associate Member (non-voting)	-0-
Individual Member	\$35
Student Member	\$20
Organization with 100 or less Members	\$60
Organizations with more than 100 Members	\$65

Please remit the payment for the type of membership as listed above and make the checks payable to 'Polish American Congress of Eastern Massachusetts Inc.' and mail the check to the address listed above.