



POLISH JUNIOR LEAGUE OF MASSACHUSETTS, INC.

MEMBERSHIP APPLICATION

NAME: _____
ADDRESS: _____
TELEPHONE: _____
CELLPHONE: _____
MOTHER'S MAIDEN NAME: _____

DATE: _____

HUSBAND'S NAME: _____

APPLICANT'S BIRTH DATE: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____

HIGH SCHOOL: _____
COLLEGE: _____

YEAR GRADUATED: _____

YEAR GRADUATED: _____

ADDITIONAL EDUCATION OR TRAINING:

OCCUPATION: _____
EMPLOYER: _____
ADDRESS: _____

PROFESSIONAL AND/OR CLUB MEMBERSHIP:

ACTIVITIES AND/OR HOBBIES: _____

RECOMMENDED BY:

SIGNATURE OF APPLICANT
(\$5.00 Entrance Fee Payable with Application)
(\$15.00 Dues Per Year)

PRESENTED AT BOARD OF DIRECTORS MEETING

DATE

ACTION TAKEN: _____