



# Polonia Institute, Inc.

2785 Pacific Coast Hwy, #295, Torrance, CA 90505

## Individual Membership Application

If completing by hand, PLEASE PRINT

### MEMBERSHIP DESIRED:

<input type="checkbox"/>	<b>Regular Member:</b> any individual or organization that supports the mission of the Institute and pays annual dues of \$120, or as established by the Board of Directors.
<input type="checkbox"/>	<b>Sustaining Member:</b> a member who commits financial support of at least \$50 per month or \$600 per year.
<input type="checkbox"/>	<b>Patron:</b> a member who commits the substantial support of at least \$5,000 in a single donation, a legacy gift (endowment), or in the annual equivalent in hours spent working for the Institute.
<input type="checkbox"/>	<b>Benefactor:</b> a steady patron who commits on a monthly basis the substantial support for the Institute of at least \$2,500 per month or the equivalent in hours spent working for the Institute.

LAST NAME	FIRST NAME	MI	TITLE
			<input type="checkbox"/> DR <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS

ADDRESS

CITY	STATE	ZIP

RESIDENCE PHONE	BUSINESS PHONE	CELL PHONE

EMAIL	OCCUPATION

LANGUAGES SPOKEN		
ENGLISH	POLISH	OTHER:

CITIZENSHIP		
USA	POLAND	OTHER:

MEMBERSHIP OF THE ABOVE APPLICANT IS RECOMMENDED BY	
PRINT NAME	PRINT NAME (optional)

I ACCEPT POLONIA INSTITUTE MISSION AND VISION STATEMENT

APPLICATION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
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SIGNATURE	TITLE	DATE