

Polanki, the Polish Women's Cultural Club of Milwaukee

Application for Membership

Address: _	First	Last	(Maiden)
Phone:	Home	Cell	Work
Email:			
Special abi	lities/interests:		
Membersh	ip in other organizations	s:	
Reasons for	r wanting to join Polank	xi:	
Membersh	ip Requirements:		
membership on the third	o and asked to say a few w	ords about themselves an at 6:30 p.m. with the exce	nthly meeting, where they will be introduced to the nd their interest in Polish culture. Meetings are held eption of July, August and December. The meetings a, Franklin, WI 53132.
Acceptance	into membership is subje	ect to approval by Polank	i's Board of Directors.
			each year and participate in at least three Polanki which begins in February.
to do so. Su			participate in events, although they are encouraged in Polanki. Sustaining member dues are \$40/fiscal
*****	*******	********	************
-	requirements as stated ab Sustaining men		r:
Signature _		Date	Birthday
*****	*********	*********	Month/day ****************
For board us	e only: Accepted as Active	Sustaining m	ember
Dues paid fo	or the year of		
President		Treasurer	Date
Revised April	13, 2023		