

**Bristol Polish American Citizens Club
Bristol, CT**

APPLICATION FOR MEMBERSHIP

Applicant **must** be 21 years of age. **Please print clearly**

Name of Applicant _____

Address _____ Town _____ State _____ Zip _____

CT Drivers License # _____ (must show proof of age, no exceptions)

Telephone # (____) _____ Date of Birth _____ Age _____

Place of Birth _____ Nationality _____ Are you a U. S. Citizen? Yes ___ No ___

Were you ever a member in this organization? Yes ___ No ___ Years _____

Are you a member of any other organizations? List Below:

Were ever rejected by any organization? - State name:

Would you be interested in volunteering for work? Yes ___ No ___

Please state either inside work, outside work, or both? _____

List names and ages of dependent children under the age of 10:

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if my application is accepted, falsified statements on this application are grounds for membership termination.

Signature of applicant _____

Proposed by: _____ Member # _____

Date of application _____ \$ 40 fee plus \$10 initiation fee must accompany application.

COMMITTEE REPORT

The undersigned committee, to which was referred the above application respectfully report

_____ and recommend the applicant's admission.
