

Polish Women's Alliance of America



social membership application

Social membership fee for one year \$30 Individual and \$50 Family.

Family Membership fee is for 2 Adults (spouses) and all children under 18 years old.

Annual Fee is to be paid when submitting this application form.

Print clearly

| | | | |
|-----------------------|----------|-----------------|--------|
| First Name: | | | |
| Last Name: | | | |
| Date of Birth: | Gender: | M | F |
| | | Smoker: | Yes No |
| Address: | | | |
| | | | |
| Home Phone: | | Business Phone: | |
| Email: | | | |
| Spouse's First Name: | | | |
| Spouse's Last Name: | | | |
| Spouse Date of Birth: | | Smoker: Yes No | |
| Child under 18 | | | |
| Name | Birthday | Gender: M F | |
| Child under 18 | | | |
| Name | Birthday | Gender: M F | |
| Child under 18 | | | |
| Name | Birthday | Gender: M F | |

I wish to join Polish Women's Alliance of America as a Social Member and agree to make this application subject to the terms, rules and by-laws of the organization. I understand that this application does not entitle me to insurance benefits or voting rights or any of the rights associated with insured membership.

| |
|--|
| |
|--|

Signature of social member

Signature of Spouse

| |
|--|
| |
|--|

Signature of Introducer

Introducer's Group #

Date

City, State

Make check payable to: Polish Women's Alliance of America

And mail to: Polish Women's Alliance, 6643 N Northwest Hwy., Chicago, IL 60631-1360

1-888-522-1898, Email:pwaa@pwaa.org, Web-sit:www.pwaa.org

Office use only

| | | |
|----------------------------------------------|---------------------|--------------------|
| Date Rec'd _____ | Payment Rec'd _____ | Group Number _____ |
| Member Number for social member: | | |
| Member Number for spouse: | | |
| Member Number for the first child under 18: | | |
| Member Number for the second child under 18: | | |

MISSION STATEMENT

The mission of the Polish Women's Alliance of America is to preserve and promote the high ideals of the Polish people, to develop cultural and educational excellence among our youth, to foster good government and a patriotic American spirit, and to offer fraternal benefits to its members.

SOCIAL MEMBER

Who can become Social Member?

PWAA welcome everyone, whether adult or juvenile, of Polish birth, descent, or those who support the mission of the P.W.A.

Social Member Benefits:

- Free publication "Glos Polek", with information about PWAA activities and events.
- Participation in seminars, courses, programs and any social events organized by PWAA for their members.
- Special discounts to selected activities at the Polish Women's Alliance of America.
- Free information and consultation about insurance and retirement plans.
- The satisfaction of knowing your dues help support the mission of Polish Women's Alliance.



MISJA ZWIĄZKU POLEK W AMERYCE

Misja Związku Polek jest pielegnowanie i krzewienie szlachetnych idealow polskosci, prowadzenie dzialalnosci o charakterze kulturalno naukowym wsrod mlodziezy, rozbudzenie i pielegnowanie ducha amerykanskiego patriotyzmu, oferowanie bratniej pomocy swoim czlonkiniom/czlonkom.

Kto moze zostac social member?

Zapraszamy kazdego zarowno doroslych jak tez dzieci i mlodziez, pochodzenia polskiego lub tych ktorzy popieraja misje i cele Zwizzku Polek.

Korzysci wynikajace z przynaloznosci:

- Bezpłatna prenumerata Glosu Polek, z informacjami o programach i imprezach organizowanych w Związku.
- Zniżki na programy edukacyjne, sportowe, muzyczne i taneczne organizowane przez Związek.
- Pierwszeństwo w uczestnictwie w programach z ograniczona ilością miejsc.
- Darmowe informacje i konsultacje o programach ubezpieczeniowych i emerytalnych.
- Otrzymasz satysfakcje wiedzac, ze poprzez czlonkostwo pomagasz w wypelnianiu misji Związku Polek.