

Name

## SYRACUSE POLISH COMMUNITY HOME, INC.

## APPLICATION FOR MEMBERSHIP NEW/RENEWAL

915 Park Avenue, Syracuse, NY. 13204

## THIS FORM IS REQUIRED WITH EACH NEW OR RENEWAL

**ONE APPLICATION PER PERSON** 

Annual membership dues are payable in the member's anniversary month. Please complete all fields.

Mail/drop off to above address with payment. Make checks payable to the Syracuse Polish Community Home, Inc.

Add	ress										
City					State			Zip			
Cell Phone						Home					
Ema	nil*						L				
The	primary	means	of comn	nunication	from ti	he Syracus	e Polis	sh Home	is thro	ugh ei	mail
Men	nbership	Type	pe			Member	ship D	uration			
	New	Memb	er			1 Yea	r Member	ship \$3	80		
	Ren	ewal					5 Yea	r Member	ship \$1	25	
FOR	NEW ME	MBER	S ONLY	(Please provid	de name	of current me	mber as	sponsor)			
Spo	nsor Nar	ne									
Are you of Polisi			h Heritage (Required answe								
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