



Application for Membership

Member Information (please print or type)

Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

I hereby apply for founding membership in the Polonia United Y N

I agree to follow the bylaws of the Polonia United Y N

Pledge Information for founding members:

I pledge a total of \$ _____ to be paid to Polonia United.

Payment with Credit Card : _____

CC # - _____ Exp _____

Visa MC Discover Amex

Card Holder's Name _____

Billing Address _____

Check (mail to Polonia United 7642 North Ave. Lemon Grove, Ca 91945)

Membership for 1 year:

Individual \$20 _____ Family _____ \$30

Signature _____

Polonia United address: 7642 North Ave. Lemon Grove, Ca 91945

Email: poloniaunitedca@gmail.com www.PoloniaUnited.Org