



Date Application Received _____ Receipt Number _____

Polish American Social Club Of Vero Beach Florida, Inc.

7500 NORTH US HIGHWAY 1, VERO BEACH, FLORIDA 32967
Phone: (772) 778-0039 Email: pascverobeach@gmail.com



Application for Membership

Date _____ (Please Print Clearly)

Full Name (Last) _____ (First) _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Occupation _____ Birthday _____ (mm/dd/yyyy)

Languages Spoken _____

What is/are your reason(s) for wanting to join the club? _____

The Polish American Social Club is operated and manned by volunteers. We encourage all members to participate.

Please select the committee(s) you would be willing to serve below

Door Attendant ___ Club Activities ___ Decorating (Special Events) ___ Kitchen ___ Bar ___

Grounds (outside work) ___ Audio/Video ___ Computer ___ Entertainment ___ Bingo (caller, seller) ___

Other (Please Specify) _____

Membership Dues \$50, New Member Application Fee \$15 – Cash or Check only; please bring application or send with money.

I hereby agree to uphold the POLISH-AMERICAN SOCIAL CLUB bylaws and abide by the USA Constitution without exception.

By checking this area, I hereby grant The Polish American Social Club of Vero Beach permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

Please check if you are willing to share your information with other members.

Signature of Applicant _____

Print Full Name of Sponsor _____

Approved by Board _____ Date _____