



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 \$60, 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 _____