



Application for Ethnic Membership

Attach check made out to PRLACC for \$60.00 per application
Sponsor's signature and information must be filled in below

(Please complete all parts and Print Clearly)

Mr. Ms. Mrs. _____

Address _____

Telephone _____ Cell Phone _____ E-mail _____

Date of Birth _____ U.S. Citizen _____ Other _____

If currently a social member please fill in: key-card # _____ Date of Social Membership _____

Ethnic Background (check as many as apply) **Polish** _____ **Russian** _____ **Lithuanian** _____

Father's name _____ Mother's maiden name _____

Paternal Grandfather Name (first) _____ (last name) _____

Paternal Grandmother Name (first) _____ (last name) _____

Maternal Grandfather Name (first) _____ (last name) _____

Maternal Grandmother Name (first) _____ (last name) _____

Verification of Ethnic Ancestry: Circle all that apply & attach documentation to help verify your ethnicity.

- Birth Certificate: Applicant Parent(s) Grandparent(s)
- Immigration Papers: Applicant Parent(s) Grandparent(s)
- Marriage certificate long form: Applicant Parent(s)
- Baptismal/Christening Certificate: Applicant Parent(s)
- Parent's Death Certificate: (long form)
- Genealogy research document with tree established.
- Other (Please explain) _____

I hereby apply for Ethnic Membership as authorized by the PRLACC Ethnic Membership Policy.

I agree to abide by the PRLACC Charter, by-laws and club rules as now written and/or amended in the future.

Applicant Signature _____ Date _____

Sponsor's Name _____ Sponsor Key Card # _____

ALL Sponsors are responsible for new members for a period of one year and MUST attend new member's orientation with the member!

(For Club Use: DO NOT COMPLETE BELOW)

Date of Official Acceptance _____

Key Card #: _____

Date of orientation: _____

Date of Ethnic Vote: _____

PAID: CHECK # _____ CASH _____ CC _____

Added to membership list: _____

EMAIL entered in email program: _____

Approvals: ETHNIC: _____

Auditors review: _____