



POLISH-AMERICAN ARTS ASSOCIATION OF WASHINGTON D.C., INC.

An Affiliate of the American Council for Polish Culture

Membership Form

I/We would like to enroll as:

Couple: 1 year, \$50 ____; 2 years, \$90 ____; 3 years, \$130 ____

Individual 1 year, \$35 ____; 2 years, \$60 ____; 3 years, \$85 ____

Student 1 year, \$20 ____; 2 years, \$35 ____; 3 years, \$50 ____ (16-28 years of age)

I would like to contribute \$_____ for PAAA activities

Check # _____ Date _____

Name: _____
First MI Last

Spouse's Name _____
(if couple membership) First MI Last

Address _____
Street, Apt. no., City, State, Zip

Occupation _____

Home Phone _____ Office Phone _____

E-mail _____

Sponsored by _____

What activities interest you the most?

____ Concerts ____ Lectures ____ Dances ____ Arts and Crafts
____ Special Events, e.g., Wigilia (Christmas Dinner), Wianki (Festival of Wreaths)

Other (provide suggestions)

Would you willing and able to help with any of the following:

____ Newsletter ____ Publicity ____ Membership
____ Hospitality ____ Fund Raising ____ Special Events

Please make check payable to **PAAA** and mail to:

Polish American Arts Association
P.O. Box 9442
Washington, DC 20016

Information: www.PAAA.us