



The Cleveland Society of Poles

Membership Application for the Cleveland Society of Poles

Date Received

Name: _____

Date of Birth: _____

Place of Birth: _____

U.S. Citizen: Yes NO

Street Address: _____

E-Mail Address: _____

City: _____

State: _____ Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spouse's Name: _____

Spouse's Nationality: _____

Children's Names and Ages: _____

Father's Name: _____

Father's Nationality/Descent: _____

Mother's Name: _____

Mother's Nationality/Descent: _____

Employer Name: _____

Employer Location: _____

Occupation: Include Title and Duties: _____

Education

High School: _____

College: _____

Post Graduate: _____

Degree and Major: _____

Professional Training: _____

Recognition & Awards: _____

Other Memberships: _____

I will reasonably attempt to attend meetings and support the Society's activities and goals.

Applicant's Signature: _____

Date: _____

Sponsor's Name: _____

Telephone Number: _____

Co-sponsor's Name: _____

Telephone Number: _____

Reading Dates: First: _____

Second: _____

Membership

Approved: _____

Initiation: _____

Chairman's Signature: _____