



# 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: \_\_\_\_\_