| http://www.clipartbest.com/cliparts/Kij/MBy/KijMByeiq.pnghttp://www.clipartbest.com/cliparts/Kij/MBy/KijMByeiq.pngPolish Cadets of BuffaloNew & renewal Membership Application Please fill out the application and email it to [PolishCadetsofBuffalo@Gmail.com](mailto:PolishCadetsofBuffalo@Gmail.com). All information provided will be kept confidential and for club use only. The information provided will help us better create programs and events for you and your family to enjoy. Any questions please feel free to contact us. Thank You!  Polish Cadets of Buffalo – 927 Grant Street, Buffalo, New York, 14207  Phone: (716) 875-3211 – Email: PolishCadetsofBuffalo@Gmail.com | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | Email: | | | | | | | | | Phone: | | | | |
| Current address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | | | ZIP Code: | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Employment Information | | | | | | | | | | | | | | | | | | | |
| Current employer: | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | How long? | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | |
| Name of a relative not residing with you: | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | Phone: | | | | |
| City: | | | | | | State: | | | | | | | | | ZIP Code: | | | | |
| Relationship: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Spouse Information if joint membership | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | Email: | | | | | | | | | Phone: | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Spouse Employment Information | | | | | | | | | | | | | | | | | | | |
| Current employer: | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | How long? | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Children (Optional) | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Age | |  | | | Name | | | | | | | Age | |  |
| Name | | | | | Age | |  | | | Name | | | | | | | Age | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Interest | | | | | | | | | | | | | | | | | | | |
| How did you hear about the Polish Cadets? | | | | | | | | | | | | | | | | | | | |
| What are your expectations of the Polish Cadets? | | | | | | | | | | | | | | | | | | | |
| What are your interest and hobbies? | | | | | | | | | | | | | | | | | | | |
| Membership Type (Place an “x” next to it) | | | | | | | | | | | | | | | | | | | |
| Single – Over 18 | |  | | Couple – Same House | | | | |  | | | Student (Student ID Required) | | | |  | |  | |
| Single Retired – Over 65 | |  | | Retired – Over 65 | | | | |  | | | ***Membership dues are payable annually*** | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | | | | | | |
| I/We do herby petition the Polish Cadets of Buffalo to accept this application as my/our formal request for membership and respectfully request that it be given consideration by the Board of Directors without delay. I/We understand that the decision to approve, or decline this application, shall rest entirely with the current Board of Directors and be considered final.  I/We declare that all information provided by me/us is true. Upon approval of this application and acceptance into the Polish Cadets of Buffalo, I/we pledge to uphold the Polish Cadets constitution, by-laws and standing rules, to treat my fellow members with respect, to actively promote the club, to support club programs and activities. I/We pledge to govern myself/ourselves accordingly in all matters related to the Polish Cadets of Buffalo. | | | | | | | | | | | | | | | | | | | |
| Print name of applicant: | | | | | | | | | | | | | | | Date: | | | | |
| Print name of spouse (only if for a joint membership): | | | | | | | | | | | | | | | Date: | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | |
| Date of Application received: | | | | | | Approved/Disapproved: | | | | | | | | | | | | | |
| Date of Payment: | | | | | | Amount: | | | | | | | | | | | | | |
| Method of Payment | Cash | |  | | | Check | |  | | | Online | |  |  | | | | | |
| President’s Signature: | | | | | | | | | | | | | | | | | | | |
| Treasurer’s Signature: | | | | | | | | | | | | | | | | | | | |