



POLISH AMERICAN ENGINEERS ASSOCIATION OF FLORIDA

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MEMBERSHIP APPLICATION

Dues are \$30 annually

NAME: _____
LAST FIRST INITIAL

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
MM/DD/YYYY

ADDRESS: _____
STREET

CITY STATE ZIP CODE

EMAIL: _____

TELEPHONE: _____
HOME WORK

IN EMERGENCY NOTIFY: _____
NAME RELATIONSHIP PHONE

EDUCATION: _____
DEGREE NAME OF INSTITUTION CITY, STATE, COUNTRY

SPECIALTY: _____

Failure to comply and pay dues will result in termination of membership.

APPLICANT'S SIGNATURE DATE

SPONSOR'S SIGNATURE DATE

SPONSOR'S SIGNATURE DATE