



THE POLISH UNIVERSITY CLUB OF NEW JERSEY
STUDENT MEMBERSHIP APPLICATION FORM

NAME		EMAIL ADDRESS	
STUDENT ID NUMBER		CELL PHONE NUMBER	
HOME ADDRESS		U.S. CITIZEN YES___ NO___ (If not, please provide evidence of application for citizenship)	
MY POLISH ORIGIN FATHER'S SIDE___ MOTHER'S SIDE___ BOTH___			
COLLEGES OR UNIVERSITIES ATTENDING/ATTENDED	MAJOR COURSE OF STUDY	YEARS COMPLETED	EXPECTED GRADUATION DATE
OF WHAT PROFESSIONAL OR FRATERNAL ORGANIZATION ARE YOU A MEMBER?		WHAT OFFICE DO YOU HAVE OR HAVE YOU HELD?	

SPONSORED BY _____ SPONSOR'S SIGNATURE _____

APPLICANT'S SIGNATURE _____

Please submit this application form and most recent transcript to:

Mr. Andrzej Zawadzki
6 Cheyenne Trail
Branchburg, New Jersey 08876

Application fees and dues are waived until two years after graduation. At that time, you may apply for Membership.

MEMBERSHIP COMMITTEE USE ONLY

Committee review date _____

Comments _____

Board review date _____

Comments _____

This application has been acted upon this ___ day of _____, 20___ and we do ___ approve this applicant for membership.

Chairperson signature _____

_____ was sworn as a member at the _____ 20___ meeting.