



POLISH-AMERICAN ARTS ASSOCIATION OF WASHINGTON D.C., INC.

An Affiliate of the American Council for Polish Culture

Membership Form

I/We would like to enroll as:

Couple: 1 year, \$50 ; 2 years, \$90 ; 3 years, \$130

Individual 1 year, \$35 ; 2 years, \$60 ; 3 years, \$85

Student 1 year, \$20 ; 2 years, \$35 ; 3 years, \$50 (16-28 years of age)

I would like to contribute \$_____to the PAAA Scholarship Fund

Name: _____

First

MI

Last

Spouse's Name _____

(if couple membership) First

MI

Last

Address _____

Street, Apt. no., City, State, Zip

Occupation _____

Home Phone _____ Office Phone _____

E-mail _____

Sponsored by _____

What activities interest you the most?

Concerts

Lectures

Dances

Arts & Crafts

Special Events*

*(e.g. Wigilia [Christmas Dinner], Wianki [Festival of Wreaths])

Other (provide suggestions)

Would you willing and able to help with any of the following:

Newsletter

Publicity

Membership

Hospitality

Fund Raising

Special Events

Please make check payable to **PAAA** and mail to:

PAAA Membership

P.O. Box 9442

Washington DC 20016