Kopernik Memorial Association Membership Application 2019

NAME		_
ADDRESS		_
CITYSTATI	EZIP	_
PHONEEMAI	L	_
ndividual Membership O Renewal	O New Member\$15.00	\$
*Add American Council for Polish Culture Membership +newsletter\$ 5.00		\$
Student Membership	\$ 5.00	\$
am interested in making a donation to:	O Polish Cultural Center	\$
	O Scholarship	\$
	O Association's Operating Fund	\$
	O Annual Appeal 2019	\$
	O Almadi Appedi 2010	
	TOTAL	\$

Please make checks payable to: KOPERNIK MEMORIAL ASSOCIATION

Mail checks to: KOPERNIK MEMORIAL ASSOCIATION

PO BOX 911

UTICA, NY 13503