Kopernik Memorial Association Membership Application 2020

NAME _____

ADDRESS _____

CITY _____STATE _____ZIP _____

PHONE _____EMAIL_____

Individual Membership.. ☐ Renewal ☐ New Member…….$15.00 $_____

*Add American Council for Polish Culture Membership +newsletter….$ 5.00 $_____

Student Membership…….$ 5.00 $_____

I am interested in making a donation to: ☐ Polish Cultural Center $_____

☐ Scholarship $_____

☐ Association's Operating Fund $_____

☐ Annual Appeal 2019 $_____

TOTAL $_____

Please make checks payable to: KOPERNIK MEMORIAL ASSOCIATION

Mail checks to: KOPERNIK MEMORIAL ASSOCIATION
PO BOX 911
UTICA, NY 13503