

MEMBERSHIP APPLICATION

Committee for the Defense of Democracy – KOD Polonia USA



I, the undersigned, confirm that I want to join the *Committee for the Defense of Democracy – KOD Polonia USA*. I confirm that I am aware of the Bylaws, goals and purpose of the organization and that I will comply with the organization's Bylaws and Board of Directors resolutions, and pay membership dues.

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME/INITIAL
_____ DATE OF BIRTH (MM/DD/YYYY)	_____ CITIZENSHIP	_____ ADDRESS
_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE	_____ CELL PHONE	_____ E-MAIL
<p>I agree to pay dues* in the amount of \$50 a year</p>		
Additionally I declare a donation of:	\$10 \$20 \$50 other \$ _____	<input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Once <i>Please choose one</i>
I would like to join the KOMITET OBRONY DEMOKRACJI in Poland Yes No <i>(if Yes, you will need to fill out a separate Membership Application for KOD Poland)</i>		
_____ DATE (MM/DD/YYYY)	_____ SIGNATURE	

*KOD Polonia USA is a non-profit 501(c)(3) organization. All contributions are tax deductible.

FOR MEMBERSHIP MANAGEMENT ONLY

NAME

has been accepted as a member of the *Committee for the Defense of Democracy – KOD Polonia USA*

BOARD OF DIRECTORS DECISION NR

DATE (MM/DD/YYYY)

DIRECTOR SIGNATURE