

THE POLISH CULTURAL SOCIETY OF INDIANA

(PCSI) Membership Registration Form 2024

Membership options	:	
Please check one:		
Individual \$30 Family \$50 Student \$15 Business Members	hip \$100	
Name(s):		
Children's Names and Ages:	:	
Telephone:		
E-Mail Address:		
Home Address:		
The Membership is valid for	1 calendar year i.e., from January 1 to December 31	
Make Check Payable to PCS Please send your filled Mem	SI bership Registration Form and payments to:	
PCSI, Inc. P.O. Box 824 Noblesville, IN 46061	1 - 0824	
Signature, Date	 Membership Year	

The PCSI sometimes posts pictures of our events and our members/guests on our website, on Facebook, or on other media for promotion. Please remember that your likeness may be used for this purpose! Your personal information will be used only for PCSI correspondence and planning and may be included in a membership list network. We do not share info with outside parties.