



Portuguese American Citizens Committee
of
Rhode Island

PO BOX 9175
Pawtucket, RI 02862

MEMBERSHIP APPLICATION

Name _____ Date _____

Address _____

_____ Home Phone () _____

E-mail address _____

Date of Birth _____ Occupation/Profession _____

Business Name _____

Address _____

Education _____ List any other organizations that you are a member:

1. _____ 2. _____

3. _____ 4. _____

Name of Spouse: _____ No. of children _____

Why do you want to be a member of this organization: _____

In proposing the following person for membership, I attest that he/she is morally and socially upright, and that in my estimation, he/she will become a staunch member, in sympathy and support of our objectives and ethics. Furthermore, he/she will abide by the Committee's By-Laws.

Member Sponsor – the above-named candidate is hereby recommended for membership

PRESIDENT: _____ **SECRETARY:** _____

CHAIRMAN, MEMBERSHIP COMMITTEE: _____

DATE APPROVED: _____