

MEMBERSHIP APPLICATION FORM
The Polish Institute of Arts & Sciences of America, Inc.
Polski Instytut Naukowy w Ameryce
208 E 30th Street, New York, NY 10016

Last Name, First Name: _____

Place of Birth: _____ **Date of Birth:** _____ **Citizen of:** _____

Education: (Earned degree: date, University (College) of each degree, Discipline of highest degree)

Honorary Degrees/Awards/Professional Achievements: _____

Areas of Competence: _____

Specialty within areas of competence: _____

Fields of work or research: _____

Publications (if applicable). Please indicate only the key publications and the list others on a separate sheet.

Employment: _____

Academic rank or non-academic position: _____

Name and address of employer: _____

Professional references: (Include address) 1. _____

2. _____

Membership in other academic/professional organizations: _____

Home address: (with zip code) _____

Phone: _____ **Email:** _____

(Please attach printed resume or vita.)

PIASA Annual Dues:

Regular or Sustaining Member: \$65; Husband and Wife: \$85; Student: \$45; Retired: \$50;

Organizational: \$100; Supporting: \$100; Donor Member: \$500; Patron Member: \$1,000; Benefactor: \$5,000.

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