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	ee: date, University (College) of	f each degree, Discipline of highest degree)	
Honorary Degrees/Award	s/Professional Achievements:		
Areas of Competence:			
Specialty within areas of o	competence:		
Fields of work or research	1:		
Publications (if applicable	e). Please indicate only the key j	publications and the list others on a separate sheet.	
Employment:			
Academic rank or non-ac	ademic position:		
Name and address of emp	loyer:		
Professional references: ()	Include address) 1.		
2.			
Membership in other acad	demic/professional organization	ns:	
Home address: (with zip o	code) ————		
Phone:		Email:	
	(Please attac	ch printed resume or vita.)	
	PIASA	A Annual Dues:	
Regular or Sustaining Member: \$75; Husband and Spouse: \$95; Student: \$45; Retired: \$50;			
Supporting:	\$100; Donor Member: \$500; P	Patron Member: \$1,000; Benefactor: \$5,000	
"Th	e Polish Review" (Our fiscal yea	ar is January 1 through December 31.)	