

2010 POLISH HERITAGE ALLIANCE MEMBERSHIP
 (THE POLISH HERITAGE ALLIANCE IS THE NON-PROFIT ORGANIZATION
 THAT RUNS THE POLISH CENTER OF WISCONSIN AND POLISH FEST)

Regular Member

Individual \$30 or Family of 2 \$55

- Voting privileges at PHA membership meetings
- *The Polish Connection* newsletter

Supporting Member

Individual \$50 or Family of 2 \$100

- All the benefits of Regular Membership
- Complimentary Polish Fest admission ticket (1 for ind./2 for family)

Red & White Circle Member

Individual \$150 or Family of 2 \$200

- All the benefits of Regular and Supporting Membership
- Free use of Veterans Room for family functions for five hour period, once during the year, Sunday to Thursday, on first come basis under established conditions for facility use.

White Eagle Member

Individual \$250 or Family of 2 \$500

- All the benefits of Regular, Supporting, and Red & White Circle Memberships
- Complimentary admission to beer tasting (1 for individual/2 for family)
- Complimentary admission to choice of a champagne brunch or a fish fry (1 for individual/2 for family)
- Complimentary box of pączki on Pączki Day (to be picked up at Polish Center)
- Special recognition in newsletter

Life Membership \$2500

- All the benefits of Regular, Supporting, Red & White Circle, and White Eagle Memberships
- Special recognition in newsletter for life and on Life Member plaque in Polish Center of Wisconsin

Polish Heritage Alliance, Inc. Membership Registration

Please sign me (us) up for:

- | | |
|--|---|
| <input type="checkbox"/> Regular Membership (\$30/\$55) | <input type="checkbox"/> White Eagle Membership (\$250/\$500) |
| <input type="checkbox"/> Supporting Membership (\$50/\$100) | <input type="checkbox"/> Life Membership (\$2500) |
| <input type="checkbox"/> Red & White Circle Membership (\$150/\$200) | |

I would like to make my payment in installments.

Please charge my credit card \$_____ monthly, quarterly, or other _____ (circle one).

I am not interested in membership, but I would like to make a contribution.

Amount Enclosed: \$ _____

Please print

Name(s): _____

Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

Please charge to my MasterCard or Visa:

Card #: _____

Exp. Date: _____ Amount: \$ _____

Signature: _____

Please add me to your email mailing list so that I can receive updates on upcoming events

All PHA Memberships are valid for one calendar year, starting January 1, 2010 and ending December 31, 2010 (except life members).