



Polish Heritage Alliance Membership

Polish Heritage Alliance, Inc. is the non-profit organization for the Polish Center of Wisconsin & Polish Fest



Regular Member (1 year membership)

Individual \$30 or Family of Two \$55

- Voting privileges at PHA membership meetings
- The Polish Connection newsletter
- Discounts on select PCW events and workshops (with card)
- Access to the Polanki Library including book loans

Supporting Member (1 year membership)

Individual \$50 or Family of Two \$75

- All the benefits of Regular Membership
- Complimentary Polish Fest admission ticket (1 for individual/2 for family)
- To be picked-up at the Polish Center of Wisconsin

Red & White Circle Member (1 year membership)

Individual \$150 or Family of Two \$250

- All the benefits of Regular and Supporting Membership
- Free use of Veterans Room for family function for four hour period, once during the year, Sunday to Thursday, on first come basis under established conditions for facility use. (Certain restrictions apply)

White Eagle Member (1 year membership)

Individual \$250 or Family of Two \$450

- All the benefits of Regular, Supporting, and Red & White Circle Memberships
- Complimentary admission to selected discounted events (1 for individual/2 for family)
- Complimentary choice of a Café entree or a fish fry (1 for individual/2 for family)
- Complimentary box of pączki on Pączki Day (to be picked up at Polish Center)

Life Membership (Per Individual) \$2,500

- All the benefits of Regular, Supporting, Red & White Circle, and White Eagle Memberships
- Life Member plaque in the Polish Center of Wisconsin

- Regular Membership 1 Yr. (\$30 Indiv./\$55 Fmly.)
- Life Membership (\$2500) per person- Life memberships do not expire
- Red & White Circle Membership 1 Yr. (\$150 Indiv./\$250 Fmly.)
- White Eagle Membership 1 Yr. (\$250 Indiv./\$450 Fmly.)

- Supporting Membership 1 Yr. (\$50 Indiv./\$75 Fmly.)
 - I would like to make my payment in installments (Life Membership Only)
- Please charge my credit card \$ _____
monthly, quarterly, or other (circle one)

New Member Renewal

Please print

Name(s): _____ (First) _____ (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Email: _____

Please charge to my MasterCard, Visa, Discover or American Express:

Card #: _____

Exp. Date: _____ Amount: \$ _____

CVV Code: _____ Zip Code: _____

Signature: _____

Name on Card _____

Revised: January 18, 2024



6941 South 68th Street, Franklin, WI 53132-8237
Phone: 414-529-2140

www.polishcenterofwisconsin.org