



Croatian American

C U L T U R A L C E N T E R

CACC Membership Application

Date: _____

Name: _____

Address: _____

Place of Birth: _____ Date of Birth: _____

Nationality: _____

Sponsor: _____

As a condition of membership in the CACC, I certify that I am in agreement with the statements listed below:

1. I am not a member of any Group or Organization which advocates the overthrow of the Constitution of the United States of America or of the Croatian American Cultural Center.
2. I will be working and supportive member of the Croatian American Cultural Center and will respect and support the constitution and by-laws.

Signature of Applicant

Note: CACC reserves the right to deny application for reasons in which the Board feels justified.

ACCEPTED _____

REJECTED _____