SENIOR EXEMPTION APPLICATION

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

1-800-621-3723
www.pna-znp.org

PLEASE PRINT

I, _____, member of Lodge _____, Certificate No. _____, state that I have

attained the age of _____ and belong to the Polish National Alliance for _____ years.

In accordance with the Resolution of the Board of Directors, I request a waiver of further premium payments due under my certificate.

Date _____ _____

Signature of Member

Address_____

Street

_____ _____ _____

City ***State*** ***Zip Code***

_____ _____

Telephone ***E-mail***

***DO NOT SEND YOUR ORIGINAL INSURANCE CERTIFICATE !**

HOME OFFICE USE ONLY:

Date of Entry_____

Plan of Insurance_____

Amount of Insurance $_____

Duration of Membership_____

Present Age_____

Premiums_____

If there is a change in your name or address, please notify the PNA Home Office:
Polish National Alliance
6100 N Cicero Ave.
Chicago, IL 60646
Phone: (773) 286. 0500 ext. 366