American Hellenic Educational Progressive Association

Membership Application

I hereby wish to: *(Check one only)* ☐ Join as a new member into: ☐ Reinstate into: ☐ Transfer into:

Chapter #_____, District #_____ located in: (City)_____(State/Prov.) _____

Prefix (Mr./Dr.)_____ Last Name_____Suffix (DDS,Esq.) _____

First Name_____Nickname_____M.I._____

Address _____

City_____State/Prov_____Zip_____Country _____

Home Phone (____)_____Work Phone (____) _____

Cell (____)_____Email _____

Date of Birth_____

Were you a member of the Sons of Pericles   ☐ No ☐ Yes, Chapter #_____ City & State/Prov._____

Are you a Veteran Yes/No; If Yes: Branch:_____ Rank:_____Years of Service:_____

☐ **FOR REINSTATEMENT ONLY**   Serial #_____Date Initiated _____

I hereby apply for reinstatement of my AHEPA membership into Chapter # _____

I was previously a member of Chapter # _____ located in_____,_____.

I hereby certify that I have paid my dues up to_____, 20_____ to Chapter #_____.

☐ **FOR MEMBERSHIP TRANSFER ONLY**   Serial #_____Date Initiated _____

I hereby wish to transfer my AHEPA membership from Chapter #_____located in_____,_____.

To Chapter #_____located in_____,_____.

I hereby certify that I have paid my dues up to_____, 20_____ to Chapter #_____.

I believe myself worthy of the rights and privileges enjoyed by the members of AHEPA. I know no reason why I should not become a member, and I promise, if accepted, to observe the laws and traditions of AHEPA, and will not take advantage of or abuse my privileges as a member thereof.

Signature_____ Date _____

Please remit this form to:
Your local AHEPA chapter representative or send to AHEPA, 1909 Q Street, Suite 500, Washington, D.C. 20009-1007
Phone: (202) 232-6300   Fax: (202) 232-2140   Email: membership@ahepa.org

-- **Chapter Use Only** --

Member Endorsement
(New Members Only)

Mindful of our sacred duties and obligations to the Order of AHEPA, and as members in good standing, we hereby endorse this applicant and recommend that he be admitted into the AHEPA, and vouch for his good character, sincerity of purpose, and worthiness of the privilege to become a member.

First Endorser _____

Second Endorser _____

Report of Investigating Committee
(New Members Only)

We have examined the foregoing application, investigated the applicant and recommended that he be:

☐ Accepted   ☐ Rejected

_____
Investigating Committee

Certification to the Supreme Lodge
(to be completed by Chapter Secretary)

I certify that the applicant/brother _____

was duly initiated/accepted by_____Chapter # _____

on (Month)_____(Day)_____(Year) _____

Signature_____

Headquarters' Use Only:

Application Received _____

Data Processing _____

National Serial # _____