Print Form

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 # 39, District # 8 located in: (City) Haverhill (State/Prov.) MA

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

First Name _____ Nickname _____ M.I. _____

Address _____

City _____ State/Prov _____ Zip _____ Country _____

Home Phone (____) _____ Work Phone (____) _____

Fax (____) _____ Email _____

Date of Birth _____ Are you a citizen of the United States or Canada? ☒ Yes ☐ No

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

☐ **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. I believe in the divinity of Jesus Christ.

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: ahepa@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 recommend 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 # _____