



# American Hellenic Educational Progressive Association



## Membership Application

**I hereby wish to:** *(Check one only)*     Join as a new member into:     Reinstatement 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 ( ) \_\_\_\_\_

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 \_\_\_\_\_, 19\_\_ 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 \_\_\_\_\_, 19\_\_ 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 # \_\_\_\_\_