



American Hellenic Educational Progressive Association

UPDATE MEMBER FORM

Chapter No: _____ District No: _____ Member ID # _____

Prefix (Mr./Ms./) _____ Surname: _____

First Name _____ Preferred Name _____

Current Information

Address _____

City _____ Federal State _____ Postal Code _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Updated Information

Changes: ☐ Chapter No# ☐ District No#

Address _____

City _____ Federal State _____ Postal Code _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Preferred Method of Contact	<input type="checkbox"/> Home Phone	Date of Birth	_____	Expiration Date:
	<input type="checkbox"/> Work Phone	Nationality	_____	
	<input type="checkbox"/> Mobile	ID/Passport No	_____	
	<input type="checkbox"/> Email	Member Status	<input type="checkbox"/> Deceased	
		Date of Death	_____	

Membership Payment Details

☐ I agree to the automatic withdrawal of membership fees from the bank account provided below.

Name of Account Holder: _____

IBAN: _____

BIC (optional): _____

Bank Name: _____

Payment Frequency:

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Withdrawal Date (e.g., 1st of each month): _____

☐ I authorize AHEPA to withdraw the membership fee from my bank account as specified above.

☐ I have read, understood and consent to the AHEPA EU Privacy Notice process.

Signature:
Date: