



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: Munich

District: 28

Prefix (Mr./Ms./Dr.) \_\_\_\_\_ Surname: \_\_\_\_\_

First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Prefix (Mr./Ms./Dr.) \_\_\_\_\_ Surname: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Federal State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Preferred  
Method of  
Contact

- ☐ Home Phone  
☐ Work Phone  
☐ Mobile  
☐ Email

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

ID/Passport No \_\_\_\_\_

Expiration Date  
(DD/MM/YY) \_\_\_\_\_

Were you a member of the Pericles?

☐ Yes, Chapter # \_\_\_\_\_

☐ No

Are you a Veteran?

☐ Yes, Branch: \_\_\_\_\_

☐ No

☐ **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 (DD/MM/YY) \_\_\_\_\_ 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 (DD/MM/YY) \_\_\_\_\_ 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 have read, understood and consent to the AHEPA EU Privacy Notice process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 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 they be:*

☐ Accepted

☐ Rejected

*Investigating Committee*

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

I certify that the applicant/brother \_\_\_\_\_ (Chapter #) \_\_\_\_\_

was duly initiated/accepted by \_\_\_\_\_ on (DD/MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

Headquarters' Use Only:

Application Received: \_\_\_\_\_

Data Processing: \_\_\_\_\_

National Serial # \_\_\_\_\_