



# 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 (\_\_\_\_) \_\_\_\_\_

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:

AHEPA Phoenix Chapter 219 Membership – Attention Pete Marudas, 1740 W. Laurie Lane, Phoenix, AZ 85021

Phone: (602) 284-1638 Fax: (602) 678-5888

Email: [ahepa219@gmail.com](mailto:ahepa219@gmail.com)

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 \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### Headquarters' Use Only:

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

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

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



# AHEPA Chapter 219

## New Member Annual Fees Schedule

- Annual Fees are collected for Chapter 219, District 20 and the National Level
- National Dues include a one time initiation fee
- The schedule below highlights the differences in fees dependent on the month the new member applies for membership with the chapter

**\*Dues are paid once per year and will range between \$35 and \$85 depending on Application Month\***

Application Month	Initial Year					Following Year				
	Chapter	District	National	Initiation	Annual	Chapter	District	National	Initiation	Annual
January	\$ 30.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>85.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
February	\$ 30.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>85.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
March	\$ 30.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>85.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
April	\$ 25.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>80.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
May	\$ 25.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>80.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
June	\$ 25.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>80.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
July	\$ 20.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>75.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
August	\$ 20.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>75.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
September	\$ 20.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>75.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
October	\$ 15.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>70.00</b>	\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>
November	\$ 15.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>70.00</b>	\$ 30.00	\$ 5.00	\$ -	\$ -	\$ <b>35.00</b>
December	\$ 15.00	\$ -	\$ 40.00	\$ 15.00	\$ <b>70.00</b>	\$ 30.00	\$ 5.00	\$ -	\$ -	\$ <b>35.00</b>

Each Subsequent Year				
Chapter	District	National	Initiation	Annual
\$ 30.00	\$ 5.00	\$ 40.00	\$ -	\$ <b>75.00</b>

**NOTES:**

1. Application month is the date that the membership application is collected
2. Annual Dues associated with the Initial Year are collected at the time of application
3. Annual Dues associated with each year after the Initial Year are due in March of that year
4. \$15 Initiation fee has been waived by Nationals in recent years for applicants in November or December
5. Dues are subject to change