



Daughters of Penelope

PHONE • 202.234.9741 FAX • 202.483.6983 EMAIL • daughters@ahpa.org



MEMBERSHIP APPLICATION FORM

I hereby wish to (Check only one): Join as a **NEW MEMBER** into (then proceed to 1, 4, & 5): Chapter #: _____ District #: _____
 REINSTATE into (then proceed to 1, 2, 4, & 5): Located in (city): _____
 TRANSFER into (then proceed to 1, 3, 4, & 5): State / Prov.: _____

1. PLEASE FILL OUT COMPLETELY:

Check one: Mrs. Ms. Miss Other
 Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing Address: _____ City: _____
 State/Prov.: _____ Zip/Postal Code: _____ Country: _____
 Res. Tel: _____ Bus. Tel: _____ Fax: _____
 Email: _____ Date of Birth: _____ Religious Affiliate: _____
 I am a citizen of (check only one): USA Canada Cyprus Greece

2. For those members REINSTATING only:

National ID Number: _____ Date Initiated: _____
 Previous Chapter #: _____ Previous District #: _____
 I hereby apply for **REINSTATEMENT** of my membership into Chapter # _____ District #: _____
 I hereby certify that I have paid my last dues up to (date): _____ to Chapter # / District #: _____

3. For those members TRANSFERRING only:

National ID Number: _____ Date Initiated: _____
 I wish to **TRANSFER** my membership from Chapter # _____ District #: _____,
 to Chapter # _____ District #: _____
 I hereby certify that I have paid my last dues up to (date): _____ to Chapter # / District #: _____

4. Membership Dues:

New Member:	Initiation Fee =	\$ 15 US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	* This is the only fee collected on an annual basis
	+ Annual Per Capita Fee =	\$ 20 US*	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	= Enclose total payment of:	\$ 35 US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	
Reinstating Member:	Reinstatement Fee =	\$ 15 US**	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	** Fee is waived in the month of November
	+ Annual Per Capita Fee =	\$ 20 US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	*** Chapter, please include figure. See Constitution Article V, Sections 7-10 regarding Membership in Good Standing
	+ Per Capita in Arrears (optional) =	\$ ____ US***	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	= Enclose total payment of:	\$ ____ US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	
Transferring Member:	Transfer Fee =	\$ 5 US****	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	**** This fee is retained by the Chapter
	+ Annual Per Capita Fee =	\$ 20 US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	= Enclose total payment of:	\$ ____ US	or _____	<input type="checkbox"/> CDN <input type="checkbox"/> €	

5. Signature of Applicant: _____

*Thank you for considering being a member in our organization! We know it will be a rewarding experience for you.
 A member of your local chapter will contact you regarding your application.*

TO BE COMPLETED BY CHAPTER:

Member Endorsement:

Mindful of our sacred duties and obligations to the Daughters of Penelope, and as members in good standing, we hereby endorse this Applicant and recommend that she be admitted into the Daughters of Penelope; and vouch for her good character, sincerity of purpose, and worthiness of the privilege to be a member.

First Endorser: _____ Second Endorser: _____

Certification to Grand Lodge:

I hereby certify that the Applicant, _____, was duly initiated / reinstated / transferred into Chapter # _____, District # _____, located in (city) _____, (State/Prov.) _____, on (month/date/year) _____.

Signature of Chapter Secretary and/or President: _____

Mailing Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

**CHAPTERS, PLEASE REMIT THIS FORM UPON COMPLETION TO:
Daughters of Penelope, 1909 Q Street N.W., Suite 500, Washington, DC 20009-1007**

This application form is the only format that wil be accepted at headquarters.

Please check this application carefully before sending it in.

If this form has not been completed correctly, and/or does not include all the fees required, it will be rejected and automatically returned to the Chapter Secretary.

HEADQUARTERS USE ONLY:

Last Name:

First Name:

Application Received:

National Serial #: