



Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

1909 Q STREET N.W. • SUITE 500 • WASHINGTON D.C. • 20009

PHONE: (202) 232-6300 • FAX: (202) 232-2140 • E-MAIL: SonsMaids@AHEPA.org

Membership Application

I hereby wish to: (Check only one) Join as a New Member Reinstate my Membership Transfer Membership

Chapter # _____ Chapter Name _____ District # _____ Located in (City, State/Province) _____

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State/Province _____ Zip Code _____

Home Phone (____) _____ School/Work (____) _____ Fax (____) _____

Email _____ Date of Birth _____

∂ Are you a citizen of the United States, Greece, or Canada? Yes No ∂ Are you related to: an AHEPAN? or a Daughter?

On your 23rd birthday you must have joined the Daughters of Penelope:

I have dual membership in DOP Chapter Name & # _____ District # _____ Located in _____

/FOR REINSTATEMENT ONLY: MOA Serial # _____ Date Initiated _____

I hereby apply for reinstatement of my Maids of Athena membership into Chapter # _____.

I was previously a member of Chapter Name & # _____ located in (City, State/Province) _____.

I hereby certify that I have paid my dues up to _____, ____ to Chapter # _____.

/FOR MEMBERSHIP TRANSFER ONLY: MOA Serial # _____ Date Initiated _____

I hereby wish to transfer my Maids of Athena membership from Chapter Name & # _____ located in (City, State)

_____ to Chapter Name & # _____ located in (City, State/Province) _____.

I hereby certify that I have paid my dues up to _____, ____ to Chapter # _____.

I believe myself worthy of the rights and privileges enjoyed by the Members of this Order. I know no reason why I should not become a member, and I promise, if accepted, to observe the Laws and Traditions of the Order of the Maids of Athena, and will not take advantage of, or abuse, my privileges as a Member thereof.

Signature _____

Date _____

Chapter Use Only (For New Initiates)

Mindful of our Sacred Duties and Obligations to the Order of the Maids of Athena, and as Members in good standing, we hereby endorse the application of _____, recommend that she be admitted into the Maids of Athena, and vouch for her good character, sincerity of purpose, and worthiness of the privilege to become a Member.

First Endorser _____

Second Endorser _____

Certification to the Grand Lodge

To be completed by the Chapter Secretary

I certify that the applicant _____ was
Duly Initiated by _____ (Chap.Name & #)
On Month _____ Day _____ Year _____.

Signature _____

Headquarters Use Only

Application received: _____
Data Processing: _____
MOA Serial Number: _____

Initials _____

Please remit this form to your local Maids of Athena Chapter representative or send to National Headquarters.