



Daughters of Penelope Membership Application



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Washington, DC 20009

I hereby wish to: Join as a **NEW MEMBER** (proceed to 1, 4, 5) **Reinstate** (proceed to 1, 2, 4, 5) **Transfer** (proceed to 1, 3, 4, 5)

Chapter #: _____ District #: _____ Located in (city): _____ State/Province: _____

1. Please fill out completely:

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

2. For those members REINSTATING only:

National ID Number: _____ Date Initiated: _____ Previous Chapter/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 hereby apply for 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: (does not include the chapter's portion)

New Member: \$35 Annual Per Capita + \$15 Initiation Fee = \$50 Total in USD
Reinstating Member: \$35 Annual Per Capita + \$15 Reinstatement Fee = \$50 Total in USD
Transferring Member: Transfer fee is \$5 is retained by the Chapter

5. Signature of Applicant: _____ Date: _____

Thank you for your interest in becoming a member in our organization!

Member Endorsement:

Being mindful of our 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.

1st Endorser Signature: _____ Print Name: _____ Date: _____

2nd Endorser Signature: _____ Print Name: _____ Date: _____

Certification to be filled in by the Chapter:

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

Signature of Chapter Secretary and/or President: _____
Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____ Date: _____ Phone Number: (_____) _____ Email: _____

PLEASE REMIT ORIGINAL FORM TO HQ AND KEEP A COPY FOR YOUR CHAPTER FILES