

RETURN TO NATIONAL HEADQUARTERS, WITH REMITTANCE  
**CHAPTER BILLING**  
APPLICATION FOR NEW AND REINSTATED MEMBERS  
MUST ACCOMPANY THIS FORM

**ORDER OF  
AHEPA**  
Founded July 26, 1922



DISTRICT	CHAPTER NO. & LOCATION	DATE			PAGE NO.
MEMBER NAME (Last, First)		PAID THRU	AMOUNT DUE	MEMBER NO.	AMOUNT PAID
PLEASE REMIT TO: AHEPA HEADQUARTERS 1909 Q STREET NW., SUITE 500 WASHINGTON, DC 20009					<b>TOTAL PER CAPITA TAX:</b>
					THIS REMITTANCE COVERS _____ NEW MEMBERS IN THE AMOUNT OF
					THIS REMITTANCE COVERS _____ REINSTATED MEMBERS IN THE AMOUNT OF
ENCLOSURE FIND OUR CHAPTERS CHECK # _____ DATED _____ IN THE AMOUNT OF					
SECRETARY:	DATE:				