



American Hellenic Educational Progressive Association



# Membership Application

Prefix \_\_\_\_\_ FirstName \_\_\_\_\_ M.I. \_\_\_\_\_ LastName \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (please check one)  Female  Male

I hereby wish to join as a National Member of Chapter 600 District 19

Are you a Veteran Yes/No; If Yes: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Method: (Initiation fee - \$75.00)

### By Credit Card

Please charge my  Visa  MC  AMEX  Discover/ Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Address \_\_\_\_\_

(Please note: credit card address entered **MUST** match the credit card billing address)

### By Check:

Please make check payable to: **Order of AHEPA**

### Please remit this form and payment to:

1909 Q Street, NW, Suite 500,  
Washington, D.C. 20009-1007

### Headquarters' Use Only

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

Membership#: \_\_\_\_\_

Payment by credit card, you may also fax form to (202) 232-2140

or visit <https://bit.ly/3uk7AJT> to make your secured membership join online