



Daughters of Penelope



Membership Application

Mrs./Miss/Ms./Dr.: (Circle one)

I hereby wish to: (Check only one) Join as a new member into: Reinstate into: Transfer into:

Chapter # _____ District # _____ Located in: (City) _____ (State/Prov.) _____

Last Name _____ First Name _____ M.I. _____

Address _____ Apt. No. _____

City _____ State/Prov. _____ Zip Code _____ Country _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Date of Birth: _____ Religious Affiliate: _____

I am a citizen of (Please circle one) the United States, Canada, Greece or Cyprus? Yes No

FOR REINSTATEMENT ONLY: Serial # _____ Date Initiated _____

I hereby apply for reinstatement of my membership into Chapter # _____ District # _____

I was previously a member of Chapter # _____ located in District # _____

I hereby certify that I have paid my dues up to _____, 20 _____ to Chapter # _____ District # _____

FOR MEMBERSHIP TRANSFER ONLY: Serial # _____ Date Initiated _____

I hereby wish to transfer my membership from Chapter # _____ District # _____

To Chapter # _____ located in District # _____

I hereby certify that I have paid my dues up to _____, 20 _____ to Chapter # _____ District # _____

Signature of Applicant _____ **Date** _____

Member Endorsement (New Member Only)

Mindful of our sacred duties and obligations to the Daughters of Penelope, and as a member 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 the Grand Lodge

(To be completed by Chapter Secretary)

I certify that the Applicant/Sister _____

was duly initiated/reinstated by _____ Chapter # _____ on (Month) _____ (Day)

_____ (Year) _____.

Signature _____

Headquarters' Use Only:

Application Received _____

National Serial # _____

Please remit this form upon completion to:

Daughters of Penelope, 1909 Q Street, Suite 500, Washington, DC 20009-1007

Phone: (202) 234-9741 Fax: (202) 483-6983 Email: daughters@ahopa.org

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