



Daughters of Penelope

PHONE • 202.234.9741 FAX • 202.483.6983 EMAIL • dophq@ahepa.org



MEMBERSHIP APPLICATION FORM

I hereby wish to (Check only one): Join as a **New Member** into (then proceed to 1, 4, & 5): Chapter # District #
 Reinstate into (then proceed to 1, 2, 4, & 5): Located in (city)
 Transfer into (then proceed to 1, 3, 4, & 5): State / Province:

1. PLEASE FILL OUT COMPLETELY:

Select one:

Last Name: First Name: Middle Initial:

Mailing Address: City:

State/Prov. Zip/Postal Code: Country:

Res. Tel. Bus. Tel. Fax.

Email: Date of birth: Religious Affiliate:

I am a citizen of (check only one):

2. For those members REINSTATING only:

National ID Number: Date Initiated: Previous Chapter #: Previous District#:

I hereby apply for **REINSTATEMENT** of my membership into Chapter #: District #:

I hereby certify that I have paid my dues up to (date): to the above mentioned Chapter / District #

3. For those members TRANSFERRING only:

National ID Number: Date Initiated:

I wish to **TRANSFER** my membership from Chapter # District #: to Chapter #: District #:

I hereby certify that I have paid my dues up to (date): to the above mentioned Chapter / District #

4. Membership Dues: (does not include the chapter's portion)

New Member:	Initiation Fee	\$ 15 US	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	* This is the only fee collected on an annual basis
	+ Annual Per Capita Fee	\$ 27 US*	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	= Enclose total payment of:	\$ 42 US	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	
Reinstating Member:	Reinstatement Fee	\$ 15 US **	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	** Fee is waived if paid in the month of November
	+ Annual Per Capita Fee	\$ 27 US*	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	+ Per Capita in Arrears (optional)	<input type="text"/> US ***	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	*** Chapter: Please include figure. See Constitution Article V, Section 7-10 regarding membership in Good Standing
	= Enclose total payment of:	<input type="text"/> US	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	
Transferring Member:	Transfer Fee	\$ 5 US****	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	**** This fee is retained by the Chapter
	+ Annual Per Capita Fee	\$ 27 US	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	
	= Enclose total payment of:	<input type="text"/> US	or	<input type="text"/>	<input type="checkbox"/> CDN <input type="checkbox"/> €	

Revised Sept. 2007

5. Signature of Applicant: _____

*Thank you for considering being a member in our organization! We know it will be a rewarding experience for you.
 A member of your local chapter will contact you regarding your application.*

over...

TO BE COMPLETED BY CHAPTER:

Member Endorsement

Mindful of our sacred 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.

First Endorser: _____ Second Endorser: _____

Certification to Grand Lodge

To be completed by the Chapter Secretary and/or President:

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

Signature of Chapter Secretary and/or President: _____

Mailing Address: _____ City: _____

State/Prov. _____ Zip/Postal Code: _____ Country: _____

CHAPTERS, PLEASE REMIT THIS FORM UPON COMPLETION TO:

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

This application form is the only format that will be accepted at headquarters.

Please check this application carefully before sending it in.

If this form has not been completed correctly, and/or does not include all the fees required, it will be rejected and automatically returned to the Chapter Secretary.



HEADQUARTERS USE ONLY

Last Name:

First Name:

Application Received:

National Serial #: