



# Daughters of Penelope Membership Application

1909 Q Street, NW, Suite 500 | Tel: 202.234.9741 | Fax: 202.483.6983 | Email: [dophq@ahepa.org](mailto:dophq@ahepa.org)



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: \_\_\_\_\_

Revised January 2023

## 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 Europe Australia

## 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:** \$40 Annual Per Capita + \$15 Initiation Fee = **\$55 Total in USD**

**Reinstating Member:** \$40 Annual Per Capita + \$15 Reinstatement Fee = **\$55 Total in USD**

**Transferring Member:** Transfer fee of \$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**