



SONS OF PERICLES

JUNIOR AUXILIARY OF THE ORDER OF AHEPA

1909 Q STREET N.W. • SUITE 500 • WASHINGTON D.C. • 20009

PHONE: (202) 232-6300 • FAX: (202) 232-2140

E-MAIL: SOPSUPREMELODGE@GMAIL.COM • WWW.SONSOFPERICLES.ORG

First Name: _____ Last Name: _____

Street Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

I would like to: Join Reinstate my Membership Transfer Into

Chapter: _____ District: _____ Location: _____

Are you a citizen of the United States, Canada, or Greece? Yes No

I am over 18 and entitled to dual membership in the Order of AHEPA. I would like to become:

a National Member of the Order of AHEPA a member of AHEPA Chapter _____

Religious Affiliation: _____

If reinstating or transferring:

Former Chapter: _____ City: _____ State: _____

Serial Number: _____

I believe myself worthy of the rights and privileges enjoyed by the members of this Order. I know no reason why I should not become a member, and I promise, if accepted, to observe the Laws and Traditions of the Order of the Sons of Pericles, and will not take advantage of, or abuse, my privileges as a member thereof.

Signed: _____ Date: _____

For Chapter Use Only

Mindful of our sacred duties and obligations to the Order of the Sons of Pericles, and as members in good standing, we hereby endorse the application of this brother, recommend that he be admitted into the Sons of Pericles, and vouch for his good character, sincerity of purpose, and worthiness of the privilege of becoming a member.

Endorsed by: _____ Date: _____

For Headquarters Use Only

Received _____ Processed: _____ Membership Number: _____ Initials: _____