



# SONS OF PERICLES

JUNIOR AUXILIARY OF THE ORDER OF AHEPA

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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: \_\_\_\_\_