

Daughters of Penelope Membership Application

1909 Q Street, NW, Suite 500 | Tel: 202.234.9741 | Fax: 202.483.6983 | Email: dophq@ahepa.org



	Chapter #:40	District #:	Located in (city): _	CANTON	State/Province:	ОНЮ
Last Name: First Name: Middle Initial: Mailing Address: City: Country: Res. Tel: (Revised January 2023
Mailing Address: City: State/Prov.: Zip / Postal Code: Country: Res. Tel: Bus. Tel: Mobile: New Mobile: I am a clitzen 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 apply for REINSTATEMENT of my membership into Chapter # District # I hereby apply for TRANSFER my membership FROM Chapter # District # TO Chapter # District # I hereby apply for TRANSFER my membership FROM Chapter # District # TO Chapter # District # I hereby apply for TRANSFER my membership FROM Chapter # District # TO Chapter # District # 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 # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that I have paid my last dues up to (date): to Chapter # District # I hereby certify that the Applicant, was duly initiated / reinstated / transferred into Chapter # I hereby certify that the Applicant, was duly initiated / reinstated / transferred into Chapter # I hereby certify that the Applicant,	1. Please fill out com	pletely:				
Maling Acoress: Clip: Postal Code: Country:	Last Name:				Middle Initial:	
Res. Tel:	Mailing Address:				City:	
Email:	State/Prov.:		Zip / Postal Code:		Country:	
Lama a citizen of (check one): USA	Res. Tel: ()		Bus. Tel: ()		Mobile: ()	
Lama a citizen of (check one): USA	Email:		Date of Birth:		Religious Affiliate:	
National ID Number: Date Initiated: Previous Chapter/District #: Ihereby apply for REINSTATEMENT of my membership into Chapter #, District #	I am a citizen of (check one):	USA Car	nada Europe Australia	l		
I hereby apply for REINSTATEMENT of my membership into Chapter #	2. For those members	REINSTATING	only:			
Nember State Name Name	National ID Number:		Date Initiated:		Previous Chapter/D	strict #:
Nember State Name Name	I hereby apply for REINSTA	EMENT of my mem	nbership into Chapter #	, District # _		
National ID Number: Date Initiated:, District #, District #						_, District #:
I hereby apply for TRANSFER my membership FROM Chapter #	3. For those members	TRANSFERRIN	IG only:			
I hereby apply for TRANSFER my membership FROM Chapter #	National ID Number:		Date Initiated:			
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 **Effective January 2026 Annual Per Capita is \$ 5. Signature of Applicant: 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 ar 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: Date: Certification to be filled in by the Chapter: I hereby certify that the Applicant, District # 11 , located in (city)					_ TO Chapter #	, District #
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2nd Endorser Signature:	Being mindful of our duties a recommend that she be adm	nd obligations to the				
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Address: 1232 SUNFORD AVENUE SE City: NORTH CANTON State/Province: OHIO Zip/Postal Code 44720	I hereby certify that the Appli	cant,	·			
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