



Daughters of Penelope Membership Application

1909 Q Street, NW, Suite 500 | Tel: 202.234.9741 | Fax: 202.483.6983 | Email: 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 #: 40 District #: _____ Located in (city): CANTON State/Province: OHIO

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

***\$5 additional annual dues required by Chloris #40 for members under 65 years of age.**

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 \$45**

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 # 40, District # 11, located in (city) CANTON, (State/Prov.) OHIO, on (month/day/year) _____.

Signature of Chapter Secretary and/or President: _____

Address: 1232 SUNFORD AVENUE SE City: NORTH CANTON State/Province: OHIO Zip/Postal Code: 44720
 Country: USA Date: _____ Phone Number: (330) 495-8427 Email: cantonchloris@gmail.com

PLEASE REMIT ORIGINAL FORM TO HQ AND KEEP A COPY FOR YOUR CHAPTER FILES