ORDER OF AHEPA



APPLICATION FOR MEMBERSHIP

To CHAPTER	(NAME)	No
	(NAME)	
	State	
	embership MUST be completely fil see before it can be considered by ti	
DEC	CLARATION OF APPLI	CANT
duties in accordance of assured that the ORD Commonwealth of Au respect for the langua faith in God and belie goodwill and mutual l		of the Order. Being lty to the New Zealand. It inspires enic people, exemplifies st, promotes education,
QUESTIONS TO	BE ANSWERED BY T	HE APPLICANT
Name:		
Address:		
State:	Post Code	
	Mobile:	
Date of Birth/	/ Place of Birth	
If not of Hellenic Birth, a	re you a Philhellene? YES/ NO	
Married or Single	Profession or Occupation	

have you ever applied for Mellin	ership before in any chapter of AHEPA ?
If so, where	was your application accepted or rejected
I am a Citizen of:	
Give the names and addresses of well known from whom enquirie	Ethree persons to whom your private and business life is es may be made:
1	
2	
3	
Applicants Signature	Date
Principles contained in the Privacy A (Commonwealth), and AHEPA resp collected. A copy of the AHEPA Pr	PA is committed to compliance with the Australian Privacy Amendment (Enhancing Privacy Protection) Act 2012 pects and supports privacy protection in relation to information ivacy Policy may be viewed on the website at plied upon request.
	PROPOSITION
I, the undersigned, being an Ahe recommend and propose	pan of good standing in the above mentioned Chapter do
Mr	
as a candidate for initiation.	
Proposer's Signature	Date:/ 20
This application was read at the	Chapter's meeting on/ 20
Referred to the Interviewing Con	mmittee:
Report of the Interview Committ	tee:
We recommend that the applican	nt be/ not accepted (signed)
Submitted to the Lodge on	_/ for Registering and Recording
BALLOTED//	
Initiated on//	
Issued by	