



Order of AHEPA
Australasian Hellenic Educational Progressive Association



APPLICATION FOR MEMBERSHIP

CHAPTER **No**

I,
(print name in full)

of

Post Code Occupation

desire to become a member of AHEPA

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Being assured that the Order of AHEPA instills devotion to the Commonwealth of Australia, inspires respect for the language and traditions of the Hellenic people, exemplifies faith in God and belief in the Divinity of Jesus Christ, promotes education, goodwill and mutual benevolence, I hereby apply for membership and promise to perform my duties in accordance with the laws and traditions of the Order

Signed Date
(sign and date after interview has been conducted)

PROPOSER

I, (NAME)

A member of the Association, nominate the applicant, who is personally known to me, for Membership of the Association.

Signed Date

SECONDER

I, (NAME)

A member of the Association, second the nominate of the applicant, who is personally known to me, for Membership of the Association.

Signed Date

QUESTIONS TO BE ANSWERED BY THE APPLICANT

Date of Birth Place of Birth

Marital Status (married, single, divorced etc)
(write whichever applicable)

I am a citizen of

Have you ever applied for membership in AHEPA before? (Yes / No)

If Yes give details: Chapter No. Date

Contact Phone No. (home) (work)

Mobile Email

Reference Phone No.

PROCEDURE FOR THE APPLICATION

1. Proposer assists applicant to complete application form Date:
(Applicant does not sign form at this point of time.)
2. Application to be read at Chapter level Date:
3. Application referred to the Interviewing Committee Date:
(Applicant will sign form after interview)
4. Application submitted to STATE/DISTRICT Lodge to be read Date:
5. Application submitted to Chapter secretary. Date:
The chapter secretary will include the applicant name
in the Agenda for balloting .
6. Candidate informed in writing of acceptance/rejection, Date:
As well as initiation date, place and time and including
Financial commitments, by Chapter secretary.
7. Copy of approval and complete application Form to be Date:
Sent to the State/National Registrar.

CERTIFICATE No.

INTERVIEWED ON: (date)

INTERVIEWED BY: 1.

2.

3.

(Signatures)

INITIATED ON: (Date)