



Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

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MEMBERSHIP APPLICATION

I hereby wish to: (Check only one) Join as a New Member Reinstate my Membership Transfer Membership
Chapter # _____ Chapter Name _____ District # _____ Location (City, State/Province) _____

First _____ Middle _____ Last _____
Address _____ City _____ State/Province _____
Zip Code/Postal Code _____ Home (____) _____ Cell (____) _____ Date of Birth _____
Email _____ Religious Affiliation _____

Are you a citizen of the United States, Canada or Greece? Yes No Are you related to an Ahepan a Daughter?

By the end of your 23rd /on your 24th birthday you must have joined the Daughters of Penelope:

I have dual membership in the DOP Chapter Name & Chapter # _____ in District # _____ Located in _____

/FOR REINSTATEMENT ONLY: MOA Serial # _____ Date Initiated _____

I hereby apply for reinstatement of my Maids of Athena membership into Chapter # _____.
I was previously a member of Chapter Name & Chapter # _____ located in (City, State/Province) _____.
I hereby certify that I have paid my dues up to _____, _____ to Chapter # _____.

/FOR MEMBERSHIP TRANSFER ONLY: MOA Serial # _____ Date Initiated _____

I hereby wish to transfer my Maids of Athena membership from Chapter Name & Chapter # _____ located in (City, State/Province) _____ to Chapter Name & Chapter # _____ located in (City, State/Province) _____.
I hereby certify that I have paid my dues up to _____, _____ to Chapter # _____.

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 Maids of Athena, and will not take advantage of, or abuse, my privileges as a Member thereof.

Signature _____ Date _____

CHAPTER USE ONLY

Mindful of our Sacred Duties and Obligations to the Order of the Maids of Athena, and as Members in good standing, we hereby endorse the application of _____, recommend that she be admitted into the Maids of Athena, and vouch for her good character, sincerity of purpose, and worthiness of the privilege to becoming a Member.

First Endorser _____ Second Endorser _____

Certification to the Grand Lodge To be completed by the Grand Secretary

I certify that the applicant
was Duly Initiated by _____
(Chapter Name & Chapter #) on
Month _____ Day _____ Year _____.

Signature _____

Headquarters Use Only

Application _____ Received _____
Data _____ Processing _____
MOA Serial Number _____

Initials _____

Please remit this form to your Maids of Athena Grand Lodge Liaison and to National Headquarters