



Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

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First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

E-mail: _____ Phone: _____

I would like to: Join Reinstate my Membership Transfer Into

Chapter: _____ District: _____ Location: _____

Are you a citizen of the United States, Canada, or Greece? Yes No

I am related to an AHEPAN a Daughter of Penelope

Religious Affiliation: _____

If reinstating or transferring:

Former Chapter: _____ City: _____ State: _____

Serial Number: _____

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.

Signed: _____ Date: _____

For 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 this neophyte, recommend that she be admitted into the Maids of Athena, and vouch for her good character, sincerity of purpose, and worthiness of the privilege of becoming a member.

Endorsed by: _____ Date: _____

For Headquarters Use Only

Received _____ Processed: _____ Membership Number: _____ Initials: _____