



ORDER OF THE SONS OF PERICLES MEMBERSHIP APPLICATION

Chapter #: _____ City: _____ District#: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____

State (Province): _____ ZIP: _____ Phone: _____

Date of Birth: _____ E-mail: _____

Is your father an AHEPAN? _____ If Yes, what chapter # and city? _____

Are you a Citizen of the United States? _____ If not, of what country? _____

Religious Affiliation (by baptism) _____

I believe myself worthy of the rights and privileges enjoyed by the members of this Order. I know of no reason why I should not become a member, and I promise, if accepted, to perform every duty required of me by the laws and traditions of the Sons of Pericles, and will not take undue advantage of, nor abuse, my privileges as member thereof.

Signature _____, Applicant

Date of Application _____

ENDORSEMENT

Mindful of our sacred duties and obligations to the Sons of Pericles, and as members thereof in good standing, we hereby endorse the application of _____, and recommend that he be admitted into the mysteries of the Order, vouch for his good character, sincerity of purpose and worthiness of the privilege to become a member.

First Endorser

Second Endorser

REPORT OF THE INVESTIGATING COMMITTEE

We have examined the foregoing application, investigated the Applicant and recommend that he be
accepted rejected

Investigating Committee

Certification to Supreme Lodge
(To be completed by Chapter Secretary)

I certify that the Applicant,

_____ was duly initiated by Chapter # _____
on / /20 .

Signature of Secretary

Headquarters Use Only

Application Received _____

Data Processing _____

National Serial # _____