Please fill out and include with all dues sent to National HQ. Dues received without proper documentation will be returned.

Members under the age of 18 are exempt from dues. Please write **EXEMPT** in the dues column for these members.

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| **SERIAL #** | **NAME** | **AHEPA CHAPTER** | **AHEPA ID** | **CONTACT INFO CHANGES** | **DUES**  **($45.00)** | **YEAR PAID FOR** | **CHECK NUMBER** |
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Chapter **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has enclosed **\_\_\_** check(s) numbered **\_\_\_\_\_\_\_** as payment for **\_\_\_** brothers.