

APPLICATION FOR MEMBERSHIP Ancient Order of Hibernians in America, Inc.



I hereby apply for admission into the Ancient Order of Hibernians in America, Inc., and agree that my reception and continuance in said Order shall depend on the truthfulness of my answers to the questions which are hereto attached, which answers are made by me for the purpose of gaining admitted to the order.

TO BE A MEMBER YOU MUST BE A PRACTICING ROMAN CATHOLIC AND BE OF IRISH HERITAGE BY BIRTH OR DESCENT. (Only Exception: Clergy need not be Irish.)

Please type or print clearly	
My Name is:	
Address:	
City:	State: Zip Code
Occupation:	Home Phone:
E-Mail Address:	Work Phone:
Age Date of Birth/	Irish by: Birth Descent
Mother's maiden name:	
Are you a Roman Catholic: Yes No Nar	me of your Parish
Have you complied with your religious duties within the	past 12 months: Yes No
Do you belong to any Society to which the Catholic Chui	rch is opposed: Yes No
Were you ever previously a member of the Ancient Orde	er of Hibernians before Yes No
If you were a member before please give the City, State	e, Division # and reason for withdrawal
	at the answers I have given to the above questions are true. Date
PROPOSER'S CERTIFICATE: I hereby certify on my honor as a member that I the applicant is known by me to be of good character, a practicing Roman Catholic, and worthy to become a member of the Ancient Order of Hibernians.	PRESIDENT'S CERTIFICATE: I hereby certify that this application has been read to me at a regular meeting and the applicant has been elected a member of this division by the members present.
Proposer's Signature	President's Signature
Date/	Date/
STANDING COMMITTEE: The Standing Committee has investigated the applicant and recommends him for membership.	FINANCIAL SECRETARY: I hereby certify that the member has paid the initiation fee/dues \$
Standing Committee Signature	Financial Secretary's Signature
Date/	Date/