

OFFICIAL 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.

TO BE A MEMBER YOU MUST BE A MALE OVER THE AGE OF 16, PRACTICING CATHOLIC AND BE OF IRISH HERITAGE BY BIRTH, DESCENT OR BE LEGALLY ADOPTED BY SUCH A PERSON AND BE OF GOOD MORAL CHARACTER. (Clergy do not need to be of Irish Ancestry)

First Name:Last Name.	
Address:	
City:	State: Zip Code
Occupation: F	hone HCell
Phone WE-Mail Add	re you ever previously a member of the Ancient Order of Hibernians: se give City, State, Division # and reason for withdrawal: solemnly pledge my sacred word and honor that the answers I have given to the above questions are true. licant Signature Date 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. President's Signature Date FINANCIAL SECRETARY: I hereby certify that the member has paid the initiation fee/dues \$
Date of Birth/	
Mother's maiden name:	
Are you Catholic: Roman Catholic Othe	r Catholic Rite Recognized By the Pope
Name 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 Church is opposed: Yes No	
Were you ever previously a member of the Ancient Orde	er of Hibernians: Yes No
If yes give City, State, Division # and reason for withdraw	wal:
If yes give City, State, Division # and reason for withdrawal: I do solemnly pledge my sacred word and honor that the answers I have given to the above questions are true.	
Applicant Signature	
PROPOSER'S CERTIFICATE: I hereby certify on my honor as a member that the applicant is known by me to be of good character, a practicing Catholic, and worthy to become a member of the Ancient Order of Hibernians.	I hereby certify that this application has been read to me at a regular meetin and the applicant has been elected a member of this division by the
Proposer's Signature	President's Signature
Date/	Date/
STANDING COMMITTEE: The Standing Committee has investigated the applicant and recommends him for membership.	
Standing Committee Signature	Financial Secretary's Signature
Date/	Date/

Form 41 revised 7/7/2011 AOH National Office: 31 Logan St., Auburn, NY 13021 Phone: 315-252-3895 Fax: 315-252 6996 All Application should be retained by the Division.

aohsecretary@verizon.net