

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	dress:
Date of Birth/	Birth DescentAdoption
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 p	past 12 months: Yes No
Do you belong to any Society to which the Catholic Chu	rch is opposed: Yes No
Were you ever previously a member of the Ancient Order of Hibernians: Yes No	
If yes give City, State, Division # and reason for withdra	wal:
	t the answers I have given to the above questions are true.
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PROPOSER'S CERTIFICATE:	PRESIDENT'S CERTIFICATE:
hereby certify on my honor as a member that the applicant is known by me o be of good character, a practicing Catholic, and worthy to become a nember of the Ancient Order of Hibernians.	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
Proposer's Signature	members present. President's Signature
Date/	Date/
STANDING COMMITTEE:	FINANCIAL SECRETARY:
The Standing Committee has investigated the applicant and recommends nim for membership.	I hereby certify that the member has paid the initiation fee/dues \$
Standing Committee Signature	Financial Secretary's Signature
Date / /	Date / /