

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 following questions which are made by me for the purpose of gaining admittance to the order.

-----Please type or print clearly-----

My Name is _____ Age _____ Birthday M/D/YR _____

Are you Irish by birth or descent ? _____ Are you a Roman Catholic ? _____ Are you divorced ? _____

Have you complied with your religious duties? _____

Name of your Parish or church? _____

Do you belong to any society to which the Catholic Church is opposed? _____

Where you ever a member of the A.O.H? _____

[If so, in what City and State?) _____

What was your previous membership number? (if available) _____

What was the reason for your withdrawal? _____

Your Current Residence :

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Home E-Mail Address _____

Occupation _____ Are You Self-Employed? Yes ____ No ____

If yes, your business name _____ OR your employer _____

Business Address: _____

City _____ State _____ Zip Code _____

Business Phone # _____ Business E-Mail Address _____

I do solemnly pledge my sacred word and honor that the answers I have given to the above questions are true.

Signed _____ and dated this _____ day of _____ in the year _____.

PROPOSER'S CERTIFICATE: I hereby certify on my honor as a member of the Ancient Order of Hibernians, Inc. that I am acquainted with the above applicant, and know him to be a practical Catholic, and one worthy in every way to become a member of this Order.

Signature _____ Print Name _____

An application fee of \$35.00, or \$35 if a reinstatement, must accompany this application. Checks should be made payable

to the Ancient Order of Hibernians. DATE PAID _____ CASH ____ CHECK # _____ CHECK DATE _____

Division Readings:

1st Date _____ , 2nd Date _____, Shamrock Degree Date _____, Major Degree Date _____

Standing Committee: Respectfully reports that we have investigated the qualifications of said applicant for membership in the Order and recommend him for said membership.

Signature _____ Date _____

Financial Secretary: I hereby certify that the initiation fee of \$ _____ has been paid on the Date _____

Signature _____ Date _____

President's Certificate: I hereby certify that this application has been read to me at a regular meeting and that the applicant has been elected by the membership of this division on this _____ day of _____ in the year _____.

Signature _____