



ANCIENT ORDER
OF
HIBERNIANS
IN AMERICA

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 upon the truthfulness of my answers to the questions which are hereto attached, which answers are made by me for the purpose of obtaining admission into the Order.

PLEASE TYPE OR PRINT CLEARLY

My name is: _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____

Birth date: ____/____/____ Age: ____

Email Address _____

Occupation: _____

Are you Irish? Y / N

By Birth, Descent or Marriage

What was your mother's maiden name? _____

Are you Roman Catholic? _____

Have you complied with your religious duties within the past twelve (12) months? _____

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

If yes, which one(s) _____

Name of your parish church _____

Were you ever a member of the Ancient Order of Hibernians, Inc, and if so, in what city, town, or state?

What was your membership number in that Division? _____

Date of your withdrawal? _____

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

Applicant Signature _____

Membership Number _____

Dated this _____ day of _____, 20____



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Do you have any special training or skills that you would like to share with the Order? What are they? _____

We in the Hibernians are ALWAYS looking for volunteers to help carry out our charitable works in the community, the following Committees are available to you, which one(s) would you like to volunteer for or like more information on?

Standing Committee _____ Special Projects _____ Freedom For All Ireland _____ Membership Committee

Right to Life _____

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. I know him to be a practical Catholic, and one worthy in every way to become a member of this Order.

Proposer's Signature _____

Address _____

DIVISION PRESIDENT'S CERTIFICATE

I hereby certify that this applicant has been read by me at a regular meeting and that the applicant has been elected by the membership of this Division on the _____ day of _____, 20_____

DIVISION PRESIDENT SIGNATURE _____

REPORT ON APPLICATION

Your Committee, to whom was referred the application of _____ would respectfully report that we have investigated the qualifications of said applicant for membership in the Ancient Order of Hibernians, Inc., and recommend him.

COMMITTEE CHAIRMAN SIGNATURE _____

FINANCIAL SECRETARY'S CERTIFICATE

I hereby certify that the first year dues of \$ 25.00 has been paid on the _____ day of _____, 20_____

FINANCIAL SECRETARY SIGNATURE _____