

## **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: P	Phone H	Cell
Phone WE-Mail Add	dress:	
Date of Birth/ Irish by:	Birth Desce	entAdoption
Mother's maiden name:		
Are you Catholic: Roman Catholic Othe	r Catholic Rite Reco	gnized By the Pope
Name of your Parish		
Have you complied with your religious duties within the past 12 months:  Yes No		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:	
I do solemnly pledge my sacred word and honor tha	t the answers I hav	e 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.	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/	