



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, which answers are made by me for the purpose of gaining admitted to the order.

TO BE A MEMBER YOU MUST BE A PRACTICING ROMAN CATHOLIC AND BE OF IRISH HERITAGE BY BIRTH OR DESCENT. (Only Exception: Clergy need not be Irish.)

Please type or print clearly

My Name is:

Address:

City: State: Zip Code

Occupation: Home Phone:

E-Mail Address: Work Phone:

Age Date of Birth/...../..... Irish by: Birth Descent

Mother's maiden name:

Are you a Roman Catholic: Yes No 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 Order of Hibernians before Yes No

If you were a member before please give the 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 Date/...../.....

Return to: Bill Gilhooly, 5602 Cedar Mountain Court, Fredericksburg, VA 22407-9231

PROPOSER'S CERTIFICATE:

I hereby certify on my honor as a member that I the applicant is known by me to be of good character, a practicing Roman Catholic, and worthy to become a member of the Ancient Order of Hibernians.

Proposer's 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/...../.....

STANDING COMMITTEE:

The Standing Committee has investigated the applicant and recommends him for membership.

Standing Committee Signature

Date/...../.....

FINANCIAL SECRETARY:

I hereby certify that the member has paid the initiation fee/dues \$.....

Financial Secretary's Signature

Date/...../.....