

APPLICATION FOR MEMBERSHIP TO THE ANCIENT ORDER OF HIBERNIANS

I hereby apply for membership to the Hibernian Division and/or Hibernian Foundation and agree that my acceptance and continuance in this organization shall depend upon approval of the membership. The information below is truthful and presented by my for the purpose of obtaining membership. If applying for an Associate Membership please check here

Please print clearly and answer completely

PART A - GENERAL INFORMATION

Name _____ Date of Birth _____
Address _____ Age _____
City _____ State _____ Zip Code _____
Phone# _____ Cell Phone# _____
E-mail Address _____
Occupation _____
Employer _____



PART B - REQUIRED INFORMATION FOR DIVISION APPLICANTS ONLY - (ASSOCIATE MEMBERSHIP APPLICANTS SKIP THIS SECTION)

Are you Irish by birth or descent? _____ Are you Roman Catholic? _____
Are you divorced? _____ Name of Parish or Church _____
Do you belong to any society to which the Catholic Church is opposed? _____
Have you complied with your religious duties? _____
Were you ever a member of the AOH? _____
If so, in what City and State? _____
Reason for withdrawal _____

SIGNATURE REQUIRED OF ALL APPLICANTS

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

Signed: _____ Date (M/D/YY) _____

An application fee of \$50.00 must accompany this application.
Please make payable to 'A.O.H.'

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 one worthy in every way to become a member of this Order.

Print Name: _____ Signed: _____ Date: _____
Date Rec'd: _____ Cash: _____ Check: _____ Money Order: _____
1st Reading _____ 2nd Reading _____ Date Initiated _____