



## 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 \_\_\_\_\_

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 [\$17.50 for senior citizens] 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 \_\_\_\_\_