



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 admittance to the Order.

.....Please type or print clearly.....

My name is _____ Occupation _____

Age _____ Born on _____ Are you Irish by birth or descent? Yes _____ No _____

What was your mother's maiden name? _____

Are you a Roman Catholic? _____ Have you complied with your religious duties? _____

Name of you Parish or Church _____

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

Your Residence: _____

City: _____ State: _____ Zip Code _____

Business address: _____

Phone # (H) _____ Business # (B) _____

Were you ever previously a member of the A.O.H., if so, in what City or Town and State? _____

What was your previous membership number, if available? _____

What was the reason and 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. Signature: _____

Dated this _____ day of _____ 20 _____

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.

Signature _____

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 the

_____ day of _____ 20 _____

Signed _____

STANDING COMMITTEE:

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 Order and recommend him for said membership.

Signature _____

FINANCIAL SECRETARY:

I hereby certify that the initiation fee of \$ _____ has been paid on the _____ day of _____ 20 _____

Signed _____

AOH National office: 31 Logan St., Auburn, NY 13021
Phone (315) 252-3895 - FAX (315) 252-6966