



APPLICATION FOR MEMBERSHIP

ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC.

Port Richmond Division # 87



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.)

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 upon the truthfulness of my answers to the questions which are hereto attached, which answers are made by me for the purpose of obtaining admission to the Order.

-----PLEASE TYPE OR PRINT CLEARLY-----

Name _____ Occupation _____

Age _____ Born on _____
(Day) (Month) (Year)

What was your mother's maiden name? _____ Are you a Roman Catholic? _____

Have you complied with your religious duties within the past twelve months? _____

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

Name of your parish church is _____

Residence _____

City _____ State _____ Zip _____ - _____

Business Address _____

Contact Information: Home: _____ Business: _____

Cell: _____ email: _____

Are you Irish either by: Birth _____ OR Descent _____ (Check Which)

Were you ever a member of the Ancient Order of Hibernians, Inc. and if so, in what city or town and state? Yes _____ No _____

What was the number of your Division? _____

What was the cause of your withdrawal? _____

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

MEMBERSHIP NUMBER

(Applicant Signature)

Dated this _____ day of _____, 20 _____

PROPOSER'S CERTIFICATE

I hereby certify on my honor as a member of the Ancient Order of Hibernians that I am acquainted with the above applicant. I know him to be a practicing Catholic, and one worthy in every way to become a member of this Order

Proposal's Signature _____

Address _____

DIVISION PRESIDENT'S CERTIFICATE

I hereby certify that this application has been read by me at a regular meeting and that the applicant has been elected by the membership of this Division on this

_____ Day of _____, 20 _____

Signed _____
President

REPORT ON APPLICATION

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 Ancient Order of Hibernians, Inc., and recommend approval of this application.

Committee Members: _____

FINANCIAL SECRETARY'S CERTIFICATE

I hereby certify that the initiation fee of \$ _____

Has been paid on the _____ day of _____, 20 _____

Signed _____
Financial Secretary