STATUS REPORT FORM 40

COMPUTER DATA

RETURN TO:
Ancient Order of Hibernians in America
P.O. Box 539
West Caldwell, NJ 07007

MEMBER - NUMBER

ST **CNTY** **DIV** **IND**

*Please do not reuse past member numbers for new members.

N – NEW MEMBER
R – REINSTATED
C – CHANGE
T – TERMINATED

OFFICER
PRESIDENT
FINANCIAL SECRETARY

FIRST NAME – MIDDLE INITIAL **LAST NAME**

ADDRESS - 1

ADDRESS - 2

NOTE: IF ADDRESS INCLUDES CHURCH, RECTORY, COLLEGE, ETC ENTER IN ADDRESS -2 AND ENTER STREET ADDRESS IN ADDRESS -1 - IF NOT – SHOW STREET ADDRESS IN ADDRESS – 1, SKIP ADDRESS - 2

CITY **ST** **ZIP CODE**

HOME PHONE **CELL PHONE**

EMAIL ADDRESS

STATUS
1 – REGULAR MEMBER
2 – CLERGY
3 – ACTIVE MILITARY
4 – NATIONAL LIFE MEMBER

MAJOR **YR.**
DGR

GENERAL INSTRUCTIONS:

COMPLETE ENTIRE FORM 40 FOR NEW OR REINSTATED MEMBER.

VETERAN
YES

BRANCH OF SERVICE
ARMY
NAVY
AIR FORCE
MARINE CORPS
COAST GUARD

DATE OF BIRTH **MM DD YY**

DATE INIT **MM DD YY**

DATE TERM **MM DD YY**

REASON
6 – TRANSFER
7 – DEATH
8 – RESIGNED
9 - SUSPENDED