



Ancient Order of
HIBERNIANS
Irish • Catholic • American



OFFICIAL APPLICATION FOR MEMBERSHIP

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.

TO BE A MEMBER YOU MUST BE A MALE OVER THE AGE OF 16, CATHOLIC AND BE OF IRISH HERITAGE BY BIRTH, DESCENT OR BE LEGALLY ADOPTED BY SUCH A PERSON AND BE OF GOOD MORAL CHARACTER. (Clergy do not need to be of Irish Ancestry.)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Phone H: _____ Cell: _____

Phone W: _____ Email Address: _____

Date of Birth: ___/___/___ Irish by: Birth _____ Descent _____ Adoption _____ Clergy _____

Are you Catholic: Roman Catholic _____ Other Catholic Rite Recognized by the Pope _____

Name of your Parish: _____

Have you made your First Communion? Yes _____ No _____

Were you confirmed in the Catholic Church? Yes _____ No _____

Do you live in harmony with and respect the teaching of the Catholic faith? Yes _____ No _____

Do you belong to any Society to which the Catholic Church is opposed? Yes _____ No _____

Were you ever previously a member of the Ancient Order of Hibernians? Yes _____ No _____

If yes, give City, State, Division # and reason for withdrawal: _____

Are you a Veteran? Yes ___ No ___ Branch of Service _____ Active Duty: Yes ___ No ___

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

Applicant Signature _____ Date ___/___/___

PROPOSER'S CERTIFICATE:

I hereby certify on my honor as a member that the applicant is known by me to be of good character, has answered all questions truthfully, and worthy to become a member of the Ancient Order of Hibernians.

Proposer's Signature _____

Date ___/___/___

STANDING COMMITTEE:

The Standing Committee has investigated the applicant and recommends him for membership.

Standing Committee Signature _____

Date ___/___/___

PRESIDENT'S CERTIFICATE:

I hereby certify that this application has been read to me at a regular meeting and the applicant has been elected a member of this Division by the members present.

President's Signature: _____

Date ___/___/___

FINANCIAL SECRETARY:

I hereby certify that the member has paid the initiation fees/dues \$ _____

Financial Secretary's Signature _____

Date ___/___/___