



**NATIONAL BOARD  
ANCIENT ORDER OF HIBERNIANS IN AMERICA  
OFFICE OF THE NATIONAL SECRETARY  
PO Box 1742, Jensen Beach FL 34958**



**PROPOSALS FOR LIFE MEMBERSHIP**  
*(Please Print or Type All Responses)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Division \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Year Joined \_\_\_\_\_ Major Degrees Yes ( ) No ( )

Year Taken \_\_\_\_\_

Has candidate been voted for life membership by division as per A.O.H. Constitution Article IV, Section 7?

Yes \_\_\_\_\_ No \_\_\_\_\_ Month / Year \_\_\_\_\_

**STATEMENT OF PURPOSE**

NATIONAL LIFE MEMBERS: Section 6. Life Membership may be conferred on a member of the Order who has performed outstanding and distinguished service to his state, county, or division as well as having an impact on the National level, upon application of his Division to the National Board, provided:

- A. Division membership be given at least five (5) days written notice.
- B. Such application is approved by a 2/3 vote of members at a regular Division meeting.
- C. Same is approved by the respective County, State and District Boards, and National Board.
- D. All applications must be submitted on the current official form issued by the National Secretary's office.
- E. Only one application for National Life Membership from each Division per year shall be considered.
- F. Except the outgoing National President shall be awarded National Life Membership upon the completion of his term.
- G. G.All forms submitted for consideration by the National Board must be postmarked no later than midnight of the 30th day prior to the date set for (1) the Interim National Board meeting in conjunction with the National President's Dinner or (2) 30 days prior to the first business day scheduled for the National Convention. Copies of applications must be sent by the National Secretary to the voting National Board members at least 10 days prior to the vote.
- H. A properly executed application submitted by the division of the applicant accompanied by a \$50 check which will be refunded if the application does not receive favorable consideration by the National Board.
- I. Each recipient shall receive a permanent gold card, a framed citation and his choice of neck or lapel medallion.
- J. All applications must have been a member for a minimum of 25 years and completed their major degrees.

No dues or assessments shall be required of a Life member. A Citation shall in no way alter his previous standing as a Beneficial Member. Life membership shall be continuous regardless of division affiliation of member concerned. Exclusive of the life Membership extended to the outgoing President by the provisions of F. supra, no more than ten (10) such Citations shall be issued by the National Board in one (1) year.

## Biography of Proposed Life Member

Division elected offices held and years elected: \_\_\_\_\_

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Appointed division offices held and years appointed: \_\_\_\_\_

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Special committees chaired: \_\_\_\_\_

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County elected offices held and years attended: \_\_\_\_\_

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Appointed County offices held and years appointed: \_\_\_\_\_

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County conventions attended: \_\_\_\_\_

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Special county committees chaired: \_\_\_\_\_

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State elected offices held and years elected: \_\_\_\_\_

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Appointed State offices held and years appointed: \_\_\_\_\_

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State conventions attended: \_\_\_\_\_

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Special State committees chaired: \_\_\_\_\_

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National elected offices held and years elected: \_\_\_\_\_

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Appointed National offices held and years appointed: \_\_\_\_\_

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National conventions attended: \_\_\_\_\_

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**Candidate's most important contribution to Hibernianism**  
*(Use Page 4 if necessary)*

We, the undersigned certify that all notice requirements and member approvals specified by Article IV, Section 6 have been complied with.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Division President Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, County President Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, State President Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Date Sent To National Secretary: \_\_\_\_\_

## **Additional Comments**