



Application for Membership



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

PLEASE TYPE OR PRINT CLEARLY

My name is _____ Occupation _____

Age _____ Born on the _____ Day of _____ 19 _____

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 _____

Residence _____

City _____ State _____ Zip _____

Business Address _____

Phone # Home _____ Business _____ Other _____

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?

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.

_____ Applicant

MEMBERSHIP NUMBER

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.

Proposer'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 the

_____ 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 Him.

Committee.

FINANCIAL SECRETARY'S CERTIFICATE

I hereby certify that the fee of \$ _____

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

Signed _____ Financial Secretary.



Ancient Order of Hibernians Division 6

5110 Southern Boulevard

Youngstown, Ohio 44512

330-788-7320

