

APPLICATION FOR MEMBERSHIP TO THE ANCIENT ORDER OF HIBERNIANS

I hereby apply for membership to the Hibernian Division and/or Hibernian Foundation and agree that my acceptance and continuance in this organization shall depend upon approval of the membership. The information reported below is truthful and presented by me for the purpose of obtaining membership.

***** Please be patient, it could take up to ninety days to become a member. Once your application is approved, you will be contacted to attend a Division meeting [Division member applicants] or a Foundation screening [Foundation member applicants] that YOU MUST ATTEND to take your oath of membership.**

Please print clearly and answer completely

PART A – GENERAL INFORMATION

Name _____ Date of Birth _____
Address _____ Age _____
City _____ Zip Code _____
Phone # _____ Cell Phone # _____
E-mail Address _____ Male _____ Female _____
Occupation _____
Employer _____



PART B - REQUIRED INFORMATION FOR DIVISION APPLICANTS ONLY

[Irish-Catholic Males only are to complete this section]

Are you Irish by birth or descent? _____ Are you Roman Catholic? _____
Are you divorced? _____ Name of Parish or Church _____
Do you belong to any society to which the Catholic Church is opposed? _____
Have you complied with your religious duties? _____
Where you ever a member of the AOH? _____
If so, in what City and State? _____ Reason for withdrawal? _____

SIGNATURE REQUIRED OF ALL APPLICANTS

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

Signed: _____ Date [M/D/Y] _____

An application fee of \$60.00 must accompany this application. For an additional \$20.00 fee, spouse will be included in application to Hibernian Foundation. Please make check payable to 'A.O.H'

If adding your spouse, please provide his/her name and date of birth below:

Spouse's Name _____ Date of Birth _____

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 and know him or her to be one worthy in every way to become a member of this Order. I further hereby certify on my honor as a member of the Ancient Order of Hibernians, Inc. also that if applicant is applying for Division Membership, I know him to be a practical Catholic.

Print Name _____ Signed _____ Date [M/D/Y] _____

Date Rec'd [M/D/Y] _____ CASH _____ CHECK # _____ MONEY ORDER _____

1st Reading _____ 2nd Reading _____ Date Initiated _____