

## OFFICIAL APPLICATION FOR MEMBERSHIP Ancient Order of Hibernians in America, Inc.

St. Patrick, Div. No. 1, Cincinnati, Ohio 8070-1 Reading Rd., Cincinnati, Ohio 45247 www.cincinnatistpatricksaoh.org Contact: info@cincinnatistpatricksaoh.org



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, PRACTICING 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 Code
Occupation:F	Phone HCell
Phone WE-Mail Ad	dress:
Date of Birth/// Irish by	: Birth DescentAdoption
Mother's maiden name:	
Are you Catholic: Roman Catholic Othe	er Catholic Rite Recognized By the Pope
Name of your Parish	
Have you complied with your religious duties within the	past 12 months: Yes No
Do you belong to any Society to which the Catholic Chu	rch is opposed: Yes No
Were you ever previously a member of the Ancient Orde	er of Hibernians: Yes No
If yes give City, State, Division # and reason for withdra	wal:
I do solemnly pledge my sacred word and honor that	at the answers I have given to the above questions are true.
Applicant Signature	Date//
<b>PROPOSER'S CERTIFICATE:</b> I hereby certify on my honor as a member that the applicant is known by me to be of good character, a practicing Catholic, and worthy to become a member of the Ancient Order of Hibernians.	<b>PRESIDENT'S CERTIFICATE:</b> 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.
Proposer's Signature	President's Signature
Date//	Date//
<b>STANDING COMMITTEE:</b> The Standing Committee has investigated the applicant and recommends him for membership.	FINANCIAL SECRETARY: I hereby certify that the member has paid the initiation fee/dues \$
Standing Committee Signature	Financial Secretary's Signature

Date ....../...../...../

Date ....../...../...../

Form 41 revised 7/7/2011 AOH National Office: All Application should be retained by the Division.