



**OFFICIAL
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 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 18, 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+4

Occupation: Phone H Cell.....

Phone W..... E-Mail Address:

Date of Birth/...../..... (MM/DD/YYYY) Irish by: Birth Descent Adoption.....

Mother's maiden name:

Are you Catholic: Roman Catholic..... Other 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 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:

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

Applicant Signature Date/...../..... (MM/DD/YYYY)

PROPOSER'S CERTIFICATE:

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.

Proposer's Signature
Date/...../.....(MM/DD/YYYY)

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 Michael P. Keeley Division 1 St. Clair County Illinois by the members present.

President's Signature
Date/...../.....(MM/DD/YYYY)

STANDING COMMITTEE:

The Standing Committee has investigated the applicant and recommends him for membership in Michael P. Keeley Division 1 St. Clair County IL.

Standing Committee Signature
Date/...../.....(MM/DD/YYYY)

FINANCIAL SECRETARY:

I hereby certify that the member has paid the initiation Fee/Dues \$.....

Financial Secretary's Signature
Date/...../.....(MM/DD/YYYY)