

If you would like to become a member of the St. Brendan's Division #1, Berks County please complete and sign this application and enclose your check in the amount of \$25.00, payable to AOH Div. #1 Berks. Present it to any officer, or forward it to: AOH DIV.#1, P.O. BOX 14961, Reading Pa. 19612-4961.



APPLICATION FOR MEMBERSHIP ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC.

I hereby apply for admission into the Ancient Order of Hibernians in America and agree that my reception and continuance in said Order shall depend upon the truthfulness of my answers to the questions 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 ___ D.O.B: Month___ Day___ Year ___ Mother's maiden Name? _____

Are you a Practicing Roman Catholic? YES ___ NO ___

Have you complied with your religious duties within the past twelve months? Yes _____ NO _____

Name of your parish? _____

Address _____ City _____ State _____ Zip _____

Do you belong to any Society to which the Catholic Church is opposed? Yes _____ No _____

Residence Address _____, City _____ State _____ Zip _____

Business Address _____

Phone No. Home (____) _____ Business (____) _____ e-mail Address _____

Are you Irish by birth _____ or descent _____ or marriage (Check which)

Were you ever a member of the Ancient Order of Hibernians, In America?

If so, in what City, Town and State? _____

What was your membership number in that Division? _____

What was the cause of your withdrawal? _____

Date of your withdrawal? _____

I do solemnly pledge my sacred word and honor that the answers I have given to the above questions are true. (signature) _____ Dated this _____ day of _____ 20____

Applicant do not write below this line, this will be completed by the AOH

NAME OF SPONSOR/RECRUITER _____ DATE OF APPLICATION _____

REPORT ON APPLICATION

The Investigation Committee, to whom was referred the application of _____ respectfully reports that we have investigated the qualifications of said applicant for membership in the Ancient Order of Hibernians In America, and recommend him. _____, Do not recommend him _____
Signature _____ Investigation Committee member(s)

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 Division on the _____ day of _____, 20____ Signed _____, President

FINANCIAL SECRETARY'S CERTIFICATE

I hereby certify that the initiation fee of \$ _____ has been paid on the _____ day of _____, 20 ____
Signed _____ Financial Secretary MEMBERSHIP NUMBER _____