

If you would like to become a member of the St. Brendan's Home Association, a.k.a. "Berks County Irish American Fraternal Association" please complete and sign this application and enclose your check in the amount of \$5.00, payable to Berks Home Association and. Present it to any officer, or forward it to: St. Brendan's Home Assoc., P.O. BOX 15102, Reading Pa. 19612-5102



**APPLICATION FOR MEMBERSHIP**

I hereby apply for admission into the "Berks County Irish American Fraternal Association" and agree that my reception and continuance in said association 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 Association.

Please specify what type of membership you are seeking: (see description below)

- Active (Must be Irish by birth of descent, on either Mother or Father's side)\_\_\_\_\_
- Social (For future use currently not available at this time)

**PLEASE TYPE OR PRINT CLEARLY**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Age \_\_\_ D.O.B: Month\_\_\_ Day\_\_\_ Year \_\_\_ Mother's maiden Name \_\_\_\_\_

Do you belong to any Society that does not adhere to the Constitution and principles of the United States of America? Yes \_\_\_ No\_\_\_. Are you a citizen or resident Alien of the U.S. Yes\_\_\_ No\_\_\_.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ e-mail Address \_\_\_\_\_

Are you Irish by birth \_\_\_\_\_; descent; \_\_\_\_\_ or marriage\_\_\_\_\_ (Check one)

Were you ever a member of another Irish-American Fraternal Organization? Yes\_\_\_ NO\_\_\_.

If yes, give City, Town and State? \_\_\_\_\_

What was your membership number in that organization? \_\_\_\_\_

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. (Signature) \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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

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NAME OF SPONSOR/RECRUITER \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

**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 in the Association on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ Signed \_\_\_\_\_, President

**SECRETARY'S CERTIFICATE**

I hereby certify that Dues and/or initiation fee of \$ \_\_\_\_\_ has been paid on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ Signed \_\_\_\_\_, Secretary - MEMBERSHIP NUMBER ASSIGNED \_\_\_\_\_