

**1. All applicants must fill out **PART A** completely.  
Your age is required for compliance with ABC rules.**

**2. ONLY IRISH, CATHOLIC, MALES SHOULD FILL OUT  
PART B.**

**3. A. Sign the Form.**

**B. The one-time application fee is \$60.**

**NOTE: this is not the annual dues.**

**C. If you want your spouse as a member,  
please include the additional fee of \$20.  
Include your spouse's name and birth date  
on the form.**

**D. Make check payable to "AOH".**

**4. Make sure your proposer for membership prints and  
signs his or her name.**

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 \_\_\_\_\_

STOP 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? \_\_\_\_\_
Were 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 \_\_\_\_\_