



## 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, Which answers are made by me for the purpose of gaining admittance to the Order.

.....Please type or print clearly.....

My name is \_\_\_\_\_ Occupation \_\_\_\_\_

Age \_\_\_\_\_ Born on \_\_\_\_\_ Are you Irish by birth or descent? Yes \_\_\_\_\_ No \_\_\_\_\_

What was your mother's maiden name? \_\_\_\_\_

Are you a Roman Catholic? \_\_\_\_\_ Have you complied with your religious duties? \_\_\_\_\_

Name of you Parish or Church \_\_\_\_\_

Do you belong to any society to which the Catholic Church is opposed? \_\_\_\_\_

Your Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business address: \_\_\_\_\_

Phone # (H) \_\_\_\_\_ Business # (B) \_\_\_\_\_

Were you ever previously a member of the A.O.H., if so, in what City or Town and State? \_\_\_\_\_

What was your previous membership number, if available? \_\_\_\_\_

What was the reason and 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 \_\_\_\_\_

### 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. I know him to be a practical Catholic, and one worthy in every way to become a member of this Order.

Signature \_\_\_\_\_

### STANDING COMMITTEE:

Your committee to whom was referred the application of:

\_\_\_\_\_

would respectfully report that we have investigated the qualifications of said applicant for membership in the Order and recommend him for said membership.

Signature \_\_\_\_\_

### PRESIDENT'S CERTIFICATE:

I hereby certify that this application has been read to me at a regular meeting and that the applicant has been elected by the membership of this division on the

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

### FINANCIAL SECRETARY:

I hereby certify that the initiation fee of \$ \_\_\_\_\_ has been paid on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

To join the Saratoga AOH send completed Application to:  
Saratoga AOH  
PO Box 205, Saratoga Springs, NY 12866