

STATUS REPORT FORM 40

COMPUTER DATA

RETURN TO:
Ancient Order of Hibernians
in America
P.O. Box 539
West Caldwell, NJ 07007

MEMBER - NUMBER

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ST CNTY DIV IND

*Please do not reuse past member numbers for new members.

N - NEW MEMBER
R - REINSTATED
C - CHANGE
T - TERMINATED

OFFICER
PRESIDENT

FINANCIAL
SECRETARY

FIRST NAME - MIDDLE INITIAL

LAST NAME

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ADDRESS - 1

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ADDRESS - 2

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NOTE: IF ADDRESS INCLUDES CHURCH, RECTORY, COLLEGE, ETC ENTER IN ADDRESS -2 AND ENTER STREET ADDRESS IN ADDRESS -1 - IF NOT - SHOW STREET ADDRESS IN ADDRESS - 1, SKIP ADDRESS - 2

CITY

ST

ZIP CODE

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HOME
PHONE

CELL
PHONE

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EMAIL ADDRESS

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STATUS 1 - REGULAR MEMBER
 2 - CLERGY
 3 - ACTIVE MILITARY
 4 - NATIONAL LIFE MEMBER

MAJOR	YR.
DGR	

GENERAL INSTRUCTIONS:

COMPLETE ENTIRE FORM 40 FOR NEW OR REINSTATED MEMBER.

BRANCH OF SERVICE

VETERAN
YES

ARMY
NAVY

MARINE CORPS
COAST GUARD

AIR FORCE

DATE OF BIRTH

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MM DD YY

DATE INIT

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MM DD YY

DATE TERM

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MM DD YY

REASON

6 - TRANSFER
7 - DEATH
8 - RESIGNED
9 - SUSPENDED