

CERTIFICATE OF ELECTION—FORM 9
ANCIENT ORDER OF HIBERNIANS
 IN AMERICA



Regular Election

No Changes
 Fill Vacancy

The following have been elected or appointed to ___ Division ___ State ___ County Office. Their/his term will begin: _____
 Insert date or word "Immediately"

Title	First Name	Last Name	Address	City	St.	Zip Code	Phone #	E-Mail
President								
Vice President								
Recording Secretary								
Financial Secretary								
Treasurer								
Chmn. Standing Committees								
Marshal								
Sentinel								
Chaplain								

 Division #

 County Board

 State Board

The above officers were elected or appointed to the office designated on: _____
 Date

Complete for other officers on Reverse ➔

 President's Name/Signature

 Secretary's Name/Signature

Mail To:
 Ancient Order of Hibernians • PO Box 539 • West Caldwell, NJ 07007

ANCIENT ORDER OF HIBERNIANS

IN AMERICA

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Title	First Name	Last Name	Address	City	St.	Zip Code	Phone #	E-Mail
Historian								
Organizer								
Chmn. Charities & Missions								
Chmn. Catholic Action								
Chmn. F.F. A. I.								
Chmn. Pro-Life								
Chmn. P.E.C.								
Chmn. Immigration								
Veterans Affairs								
Webmaster								
Hibernian Hunger Project								
Project St. Patrick								
Jr. Past President								

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