



Membership Application
The Ancient Order of Hibernians in America, Inc.
Louisville, KY Division 01



I hereby apply for admission into the Ancient Order of Hibernians (AOH) and agree that my reception and continuance in the AOH shall depend on the truthfulness of my answers to the questions below.

Full Members must be 1) practicing Roman Catholics and 2) Irish by birth or descent, except that clergy/religious brother need not be Irish. **Associate Members** need not be Irish or Catholic. Members must be 16 years of age or older.

Name:		I am applying for:		Full	Associate Membership
Address:					
City:		State:	Zip:	Email:	
Cell Phone:		Home Phone:		Work Phone:	
Age:	Date of Birth:	Occupation:			
I am Irish by:		Birth	Descent	Are you Roman Catholic? Yes No If Yes, please answer the following:	
Have you complied with your religious duties in the past 12 months?		Yes	No		
Do you belong to any society to which the Catholic Church is opposed?		Yes	No		
If Yes, which society?					
Have you previously been a member of the AOH?		Yes	No	If Yes, please provide the City, State, Division # & reason for leaving:	
City:		State:	Division #:		
Reason for leaving:					
Name of KY AOH member who recruited you or that you know (if applicable):					
I am interested in serving on the following committees (please select at least one):					
Catholic Action	Charitable Giving	Freedom for all Ireland	Membership	Publicity	
Social / Events	Sponsor Development	St. Patrick's Day Parade	Veteran's Affairs	Yearbook	
Applicant Signature:				Date:	
A one-time \$15 initiation fee must be paid before this application will be considered. Annual dues are as follows and will be prorated by month for new members:					
Active Military / Clergy / Religious:		\$0 – No annual dues			
Regular Member:		\$60 / year			
Senior Member (65+):		\$50 / year			
Student Member:		\$50 / year			
For internal use only					
Proposer's Certificate: On my honor as a member, this applicant is known by me to be of good character, a practicing Roman Catholic and worthy to become a member of the AOH.			President's Certificate: I hereby certify that this applicant has been presented during the general membership meeting and elected a new member by the members present.		
Name:		Date:	Name:		Date:
Officer's Review: The Officers have interviewed this applicant and recommend that he be presented to the general membership.			Financial Secretary: This member has paid the required dues and initiation fees.		
Name:		Date:	Name:		Date:

Instructions for submitting this application to the AOH Membership Chair

- 1) Save a copy of this application to your computer and complete it (don't forget to save again after you filled out the information)
- 2) Go to the Membership pager of our website and click the Submit Application link
- 3) Fill out the short email form, attach this PDF file and submit your application
- 4) The membership chair will review the application and contact you for next steps