



Ancient Order of Hibernians

Westchester County, NY

PO Box 1020 Yonkers, NY 10703

<http://www.WestchesterCountyNYAOH.org>

info@westchestercountynyaoh.org

**APPLICATION FOR MEMBERSHIP
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 upon the truthfulness of my answers to the questions which are hereto attached, which answers are made by me for the purpose of obtaining admission into the order.

My name is _____

Residence _____

Occupation _____

City _____ State _____ Zip _____

Age ____ Born on (DAY) ____ (MONTH) ____ (YEAR) ____

Business Address _____

What was your Mother's Maiden Name?: _____

Phone No.: Home _____ Business _____

Are you a Roman Catholic? _____

Are you Irish by birth or descent ? (Check which)

Have you complied with your religious duties within the past twelve months? _____

Were you ever a member of the Ancient Order of Hibernians, Inc., and if so, in what city and state? _____

Do you belong to any Society to which the Catholic Church is opposed? _____

Name of your parish church _____

What was the number of your Division? _____

What was the cause of your withdrawal? _____

I do solemnly pledge my sacred word and honor that the answers I have given to the above questions are true:

Signed _____ Applicant.

Dated this ____ day of _____, 20____. E-Mail Address _____

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.

Proposer's Signature _____

Address _____

DIVISION PRESIDENT'S CERTIFICATE

I hereby certify that this application has been read by me at a regular meeting and that this application has been elected by the membership of this division on the _____ day of _____, 20____

Signed _____
President.

REPORT ON APPLICATION

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 Ancient Order of Hibernians in America, Inc. and recommend him.

Committee.

FINANCIAL SECRETARY'S CERTIFICATE

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

Signed _____
Financial Secretary.



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PREAMBLE TO OUR CONSTITUTION

It is hereby declared and decreed, that the purpose of this Organization, the Ancient Order of Hibernians in America, Inc., is

- 1) To promote friendship, unity and Christian Charity
- 2) To foster and sustain loyalty to country and community
- 3) To aid and advance by all legitimate means the aspirations and endeavors of the Irish people for the complete and absolute independence, promoting peace (with justice) and unity for all Ireland
- 4) To foster the ideals and perpetuate the history and traditions of the Irish people
- 5) To promote Irish Culture
- 6) To encourage civic participation
- 7) To encourage an equitable U.S. Immigration law for Ireland, and to cooperate with all groups for a fair American Immigration Policy
- 8) To accept and support, without prejudice, the concept of free expression of religious practice for the people of the world

Membership is confined exclusively to practicing Roman Catholics of Irish birth or descent, who are citizens (or who have declared their intention to become citizens) of the United States or of any country in the Western Hemisphere.