



APPLICATION FOR MEMBERSHIP
ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC.
 AOH DIVISION #1 - FATHER TIM DEMPSEY DIVISION
 ST. LOUIS, MISSOURI



I HEREBY APPLY FOR ADMISSION INTO THE ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC. AND AGREE THAT UPON MY RECEPTION AND CONTINUANCE IN SAID ORDER SHALL DEPEND UPON THE TRUTHFULNESS OF MY ANSWERS TO THE QUESTIONS WHICH ARE HERETO ATTACHED, AND WHICH ANSWERS ARE MADE BY ME FOR THE PURPOSE OF OBTAINING ADMISSION INTO THE ORDER.

Please Type or Print Clearly

LAST NAME	FIRST	MIDDLE	AGE	DATE OF BIRTH (MM/DD/YY)		
HOME ADDRESS			CITY	STATE	ZIP	HOME PHONE () -
BUSINESS ADDRESS			CITY	STATE	ZIP	BUSINESS PHONE () -
OCCUPATION		E-MAIL ADDRESS			MOBILE PHONE () -	
MOTHER'S MAIDEN NAME				ARE YOU IRISH BY <input type="checkbox"/> BIRTH <input type="checkbox"/> DECENT <input type="checkbox"/> MARRIAGE		
ARE YOU A ROMAN CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF YOUR PARISH CHURCH				
HAVE YOU COMPLIED WITH YOU RELIGIOUS DUTIES IN THE PAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU BELONG TO ANY SOCIETY TO WHICH THE CATHOLIC CHURCH IS OPPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN A MEMBER OF THE ANCIENT ORDER OF HIBERNIANS, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHAT WAS YOUR MEMBERSHIP NUMBER IN THAT DIVISION?			
IF A PREVIOUS MEMBER, IN WHAT CITY, TOWN AND STATE?			DATE OF WITHDRAWAL (MM/DD/YY)?			
WHAT WAS THE REASON OF YOUR WITHDRAWAL?						
I DO SOLEMNLY PLEDGE MY SACRED WORD AND HONOR THAT THE ANSWERS I HAVE GIVEN HERE TO THE ABOVE QUESTIONS ARE HONEST AND TRUE						
APPLICANT SIGNATURE					DATE (MM/DD/YY)	
DIVISION PRESIDENT'S CERTIFICATE						
I HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN READ BY ME AT A REGULAR MEETING AND THAT THE APPLICANT HAS BEEN ELECTED BY THE MEMBERSHIP OF THIS DIVISION					DATE OF ADMISSION INTO DIVISION (MM/DD/YY)	
PRESIDENT'S SIGNATURE						

Mail Completed Application to:
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