

Application for Membership
Ancient Order of Hibernians in America, Inc.
Chester County (PA) Division 1



I hereby apply for admission into the AOH in America, and agree that my reception and continuance in said Order shall depend on the truthfulness of my answers to the questions which are hereto attached, which answers are made by me for the purpose of gaining admittance to the order.

To be a member, you **MUST BE** a practicing Roman Catholic and be of Irish heritage by birth or descent (Only exception: clergy need not be Irish)

Name: _____ Nickname: _____
Address: _____
City: _____ State: _____ Zip: _____ - _____
Occupation: _____ Home phone: _____ Work ph: _____
E-mail address: _____ Age: _____ D. O. B.: _____
Irish by: birth descent Mother's maiden name: _____

Are you a Roman Catholic: Yes No Name of your parish: _____

Have you complied with your religious duties these past 12 months: Yes No

Do you belong to any society to which the Catholic Church is opposed? Yes No

Were you ever previously a member of the AOH? Yes No

If so, give city, state, division, and reason for withdrawal _____

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

Applicant's Signature: _____ Date _____

If there is a member of the Chester County AOH who is proposing you as a member, please give his name:

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Please enclose a check for \$30 (\$25 dues plus \$5 initiation fee) payable to CCAOH (Chester County AOH). Mail to:

Ancient Order of Hibernians
Chester County Wolfe Tone Division 1
PO Box 172
West Chester PA 19381-0172

Meetings are at the Knight of Columbus home, 110 West Market St. in West Chester, the 3rd Sunday of each month, at 1 PM.

Questions: Mick Dunleavy (mjdunl@aol.com) or Bob McCann (Rmccann@verizon.net)