

Ladies Ancient Order of Hibernians

Application for Membership

For "Yes" answers, please check appropriate boxes

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Have you complied with your religious duties within the past twelve (12) months?

Please check qualifications for membership:

Are You Irish? By: Birth Descent Wife of an AOH member

Mother of an AOH member Mother of a Junior Member, LAOH

Parish: _____

Occupation: _____

Business Address _____

Date of Birth _____

Were you ever a member of the LAOH, and if so, in what city/town and state?

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Have you ever been a member of the AOH?

What was the number of your Division? _____

What was the cause of your withdrawal?

Do you belong to any society(s) to which the Catholic Church is opposed?

Sponsor: _____

I heard about the organization through _____

Please mail to:

Ladies Ancient Order of Hibernians

186 Greyrock Place

Stamford, CT 06901