

# Ladies Ancient Order of Hibernians



## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ and Zipcode: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you a Roman Catholic? \_\_\_\_\_ Parish \_\_\_\_\_

Do you belong to any society to which the Catholic Church is opposed? \_\_\_\_\_

Please check qualifications for membership: Irish by Birth \_\_\_\_\_ Irish by Descent \_\_\_\_\_  
Wife of an AOH Member \_\_\_\_\_ Mother of a Junior Hibernian \_\_\_\_\_

Occupation \_\_\_\_\_ Work Location \_\_\_\_\_

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

If so, what was the name and number of your division? \_\_\_\_\_

Sponsor Name, Address and Phone/E-Mail Address? \_\_\_\_\_

I heard about this organization through \_\_\_\_\_

I pledge that the information provided is true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The Application Fee is \$5.00. Please pay to your new division President upon installation.

Please e-mail the application to Beth Lund at [blund7@comcast.net](mailto:blund7@comcast.net) or mail to:

Mrs. Beth Lund  
Maryland Ladies Ancient Order of Hibernians, Inc.  
1228 St. Francis Road  
Bel Air, MD 21014