

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: _____

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

Please e-mail the application to Kira Schoeffield at kschoeffield@gmail.com or mail to:

Ms. Kira Schoeffield
Maryland Ladies Ancient Order of Hibernians, Inc.
3412 Widows Care
Fallston, Maryland 21047