



APPLICATION FOR ASSOCIATE MEMBERSHIP
Gen. Thomas Francis Meagher Division, Inc.

I hereby apply for Associate Membership in the General Thomas Francis Meagher Division, Ancient Order of Hibernians in America, Inc.,

Please type or print clearly

My Name: _____

Address: _____

City: State: Zip Code

Occupation: Home Phone:

E-Mail Address: Work Phone:

Age Date of Birth/...../.....

Are you Catholic: Yes No Name of your Parish

Will you demonstrate good will towards the Order, its aims and principles: Yes No

Will you assist in promoting Irish History, Culture and Traditions Yes No

Were you ever previously a member of the Ancient Order of Hibernians Yes No

If so, where:

Associate membership includes all social privileges, but does not include attendance at meetings or voting privileges.

Applicant Signature Date/...../.....

Return to: Robert Fitzgerald, 11001 Crooked Tree Lane, Spotsylvania, VA 22553-3921

PROPOSER'S CERTIFICATE:

I hereby certify on my honor as a member that I the applicant is known by me to be of good character and worthy to become an associate member of the Ancient Order of Hibernians.

Proposer's Signature

Date/...../.....

PRESIDENT'S CERTIFICATE:

I hereby certify that this application has been read to me at a regular meeting and the applicant has been elected an associate member of this division by the members present.

President's Signature

Date/...../.....