

**OFFICIAL**  
**APPLICATION FOR MEMBERSHIP**  
**Ancient Order of Hibernians in America, Inc.**



I hereby apply for admission into the Ancient Order of Hibernians in America, Inc., 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.

TO BE A MEMBER YOU MUST BE A MALE OVER THE AGE OF 16, PRACTICING CATHOLIC AND BE OF IRISH HERITAGE BY BIRTH, DESCENT OR BE LEGALLY ADOPTED BY SUCH A PERSON AND BE OF GOOD MORAL CHARACTER. (Clergy do not need to be of Irish Ancestry)

First Name: Francis Last Name: FERRIS, JR.

Address: 602 N BROAD ST PPT B 420

City: Soudale State: PA Zip Code 19446

Occupation: Retired Phone H ..... Cell 2158597018

Phone W ..... E-Mail Address: FRANCIS.FERRIS.1208.R@gmail.com

Date of Birth 12/08/1933 Irish by: Birth ..... Descent  Adoption.....

Mother's maiden name: Johnson

Are you Catholic: Roman Catholic Yes Other Catholic Rite Recognized By the Pope.....

Name of your Parish Corpus Corpus

Have you complied with your religious duties within the 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 Ancient Order of Hibernians: Yes .....

No

If yes give City, State, Division # and reason for withdrawal:.....

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

Applicant Signature Francis P Ferris Date 3/21/21

**PROPOSER'S CERTIFICATE:**

I hereby certify on my honor as a member that the applicant is known by me to be of good character, a practicing Catholic, and worthy to become a 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 a member of this division by the members present.

President's Signature .....

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

**STANDING COMMITTEE:**

The Standing Committee has investigated the applicant and recommends him for membership.

Standing Committee Signature .....

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

**FINANCIAL SECRETARY:**

I hereby certify that the member has paid the initiation fee/dues \$.....

Financial Secretary's Signature .....

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

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First Name: James Last Name: F. Nechbaugh  
Address: 757 East Main Street, Apt. N207  
City: Hanover State: PA Zip Code 19446  
Occupation: Disabled Phone H 215-642-8989 Cell 214-597-1820  
Phone W ..... E-Mail Address: james.f.nechbaugh@comcast.net  
Date of Birth 6/24/1964 Irish by: Birth ..... Descent  Adoption   
Mother's maiden name: Douglas  
Are you Catholic: Roman Catholic Other Catholic Rite Recognized By the Pope .....  
Name of your Parish St. Stephen's  
Have you complied with your religious duties within the 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 Ancient Order of Hibernians: Yes  No   
If yes give City, State, Division # and reason for withdrawal:.....  
**I do solemnly pledge my sacred word and honor that the answers I have given to the above questions are true.**  
Applicant Signature James F. Nechbaugh Date 3/21/2021

**PROPOSER'S CERTIFICATE:**

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

Proposer's Signature .....

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

**STANDING COMMITTEE:**

The Standing Committee has investigated the applicant and recommends him for membership.

Standing Committee Signature .....

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

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President's Signature .....

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

**FINANCIAL SECRETARY:**

I hereby certify that the member has paid the initiation fee/dues \$.....

Financial Secretary's Signature .....

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