



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 APT B 420  
City: Pensdale State: PA Zip Code: 19446  
Occupation: RETIRED Phone H: \_\_\_\_\_ Cell: 2158597018  
Phone W: \_\_\_\_\_ E-Mail Address: FRANCISFERRIS1208@gmail.com  
Date of Birth: 12/08/1933 Irish by: Birth \_\_\_\_\_ Descent X 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 Jr 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: Flinchbaugh  
Address: 757 East Main Street, Apt. N207  
City: Lansdale State: PA Zip Code 19446  
Occupation: Disabled Phone H 215-642-8989 Cell 214-597-1820  
Phone W ..... E-Mail Address: james.flinchbaugh@comcast.net  
Date of Birth 6/24/1964 Irish by: Birth ..... Descent ☒ Adoption .....  
Mother's maiden name: Dougherty  
Are you Catholic: Roman Catholic Other Catholic Rite Recognized By the Pope .....  
Name of your Parish Saint Stanislaus  
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 Flinchbaugh Date 3/2/2021

**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 .....

**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 .....

**FINANCIAL SECRETARY:**

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

Financial Secretary's Signature .....

Date .....