

Ancient Order of Hibernians in America
Division 18



104 Boston Street, Salem, Massachusetts 01970

Associate Member Application

Name: _____

Address: _____

Gender: Male / Female

Are you Catholic? Yes / No

Are you Irish? Yes / No

Name of Sponsor: _____

I certify that I have received the application fee of \$30.00

Financial Secretary Division 18

I certify that we have accepted the application

President Division 18