

Ladies Ancient Order Of Hibernians, Inc.

Application Information for LAOH Inc National Life Membership 2017 Interim Board Meeting

According to the Ladies Ancient Order of Hibernians, Inc National Constitution, Article IV Membership, Section 8, "A citation of Life Membership may be conferred on a member of the Order who has performed OUTSTANDING AND DISTINGUISHED service to Hibernianism for at least twenty-five (5) consecutive years."

Further, the National Constitution states the following:

- A. Candidates for National Life Membership shall be proposed in writing stating the member's OUTSTANDING AND DISTINGUISHED service to Hibernianism including the offices held.
- B. Proposals for National Life Membership must be approved by two-thirds (2/3) vote of the respective Division, State, County Boards, and state in writing from each level and submitted to the National Board
- C. Proposals for National Life Membership must be submitted by the candidate's Division President, with the approval of the County Board, and forwarded to the State Board for their approval, then forwarded to the National Board.
- D. The National Board, by a two-thirds (2/3) vote, will award a maximum of five (5) National Life Memberships per year.
- E. No per capita tax or dues shall be required of National Life Members. National Life Membership shall be continuous regardless of Division affiliation
- F. A certificate of National Life Membership shall be issued by the National Board within two (2) weeks of approval.
- G. National Life Membership shall automatically be conferred on all Past National Presidents.

Instructions: The application process entails two (2) parts: Part 1 requires that the Application Form to be completed and Part 2 requires that a written narrative which explains the Candidate's OUTSTANDING AND DISTINGUSHED service to Hibernianism is to accompany the Application Form. The Completed Application and accompanying written Narrative must be postmarked forty-five (45) days prior to the Interim Board Meeting. The postmark deadline for 2017 National Life Member application and written narrative is August 29, 2017. The completed National Life Membership Application and written Narrative are to be submitted to National Secretary Karen Keane via USPS at 108 Kennewyck Circle, Slingerlands NY 12159 or via email at laohkaren@live.com.

For a candidate to be considered for National Life Membership, the Application Form must be completed with the signatures of the Division President, County Board President, if applicable, and the State President, if applicable. The signature of the respective level President certifies that the application and written narrative have been approved by a two-thirds vote at each respective level.

In the written narrative, there is to be no reference to the candidate's name, Division, County Board, if applicable, or State Board, if applicable or any other reference that may identify the candidate. Only the written narrative will be provided to the National Board Members to be used in voting for National Life Membership.

If you have questions, regarding the application process, please call National Secretary Karen Keane, 518-369-8783.



Ladies Ancient Order Of Hibernians, Inc.

2017 Application Form for National Life Membership

Instructions: Please Print unless directed to provide a signature

Proposed Candidate's	Legal Nan	ne:				
Candidates Address:						
5 · 6 · 1:1 · · · · · ·	NUMBER		CITY		STATE	ZIP
Date Candidate Initiat						
Date Degree Taken: _						
State President's Nam	ie:					
State President's Ema	il Address:	:				
State President's Phor	ne Numbe	r:AREA CO	DDE PHON	IE NUMBER		
Certification: By aff meets the requiremer this application and the membership at the re	nts for Nat ne accomp	ional Life Mem anying written	bership as sta narrative wer	ted in the LAO e approved by	H Inc National C	onstitution and that
Division Name:						
Meeting Date Can	ididate Ap	proved:				
Signature of Divisi	ion Preside	ent:				
Division President	s's Email A	ddress:				
Division President	s's Phone N	Number:				
Division President's Phone Number:		AREA CODE	PHONE NUMB	ER		
Meeting Date Can	didate Ap	proved:				
Signature of Coun	ty Board P	President:				
County Board Pre	sident's Er	mail Address: _				
County Board Pre	sident's Ph	none Number:				
State Board Name:				PHONE NUMB	ER	
Meeting Date Can	didate Ap	proved:				
Signature of State	Board Pre	esident:				
State Board Presid	dent's Ema	ail Address:				
State Board Presid	dent's Pho	ne Number:				
				PHONE NUMB	ER	

This Application Form and Written Narrative are to be postmarked by August 29, 2017 and submitted to National Secretary Karen Keane as stated on the Application Information Sheet.