

**Ladies Ancient Order of Hibernians, Inc  
Constance Markievicz Award  
2023 Nomination Form**

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Area Code Phone Number

Division & State (if a Member): \_\_\_\_\_

Division & Number State

Name of Nominator: \_\_\_\_\_

Address of Nominator: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Area Code Phone Number

Division & State: \_\_\_\_\_

Division & Number State

Division President Signature \_\_\_\_\_

County President Signature(if applicable) \_\_\_\_\_

State President Signature: \_\_\_\_\_

Signature State