



# Ladies Ancient Order of Hibernians, Inc.

## APPLICATION FOR CHARTER

Organized on (Date installed) \_\_\_\_\_

By (Organizer's full name) \_\_\_\_\_

STATE OF \_\_\_\_\_

\_\_\_\_\_ National President State President \_\_\_\_\_

\_\_\_\_\_ National Vice President State Secretary \_\_\_\_\_

\_\_\_\_\_ National Secretary State Treasurer \_\_\_\_\_

\_\_\_\_\_ National Treasurer State Historian \_\_\_\_\_

COUNTY of \_\_\_\_\_ County President (if applicable) \_\_\_\_\_

Place of Meeting (Town or City) \_\_\_\_\_

New Division No. \_\_\_\_\_; New Division Name (if any) \_\_\_\_\_

President \_\_\_\_\_ **Email Address -** \_\_\_\_\_

Vice President \_\_\_\_\_ **Ship Charter To:**

Recording Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Financial Secretary \_\_\_\_\_

Irish Historian \_\_\_\_\_

Missions & Charities officer \_\_\_\_\_

Catholic Action Officer \_\_\_\_\_

Mistress at Arms \_\_\_\_\_

Sentinel \_\_\_\_\_

APPROVED BY: (Please circle one) COUNTY / STATE / NATIONAL BOARD.

**Organizer/Officer Name** \_\_\_\_\_

**Position/Office** \_\_\_\_\_ **Email address--** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Installing Officer please forward One copy to each Recording Secy: National, State, County (if applicable)**  
**Please forward \$15.00 check made out to "LAOH Inc" and mail with completed application to LAOH National Secy**  
**Sandi Swift, 2901 Orton St., St. Charles, MO 63301 314-750-6907 natlsecretarylaoh@gmail.com**