

**Ladies Ancient Order of Hibernians, Inc
Constance Markievicz Award
2025 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