



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
Cathy Turck, 108 West Creek Lane, Altamont, NY 12009 518-369-2813 natlsecretarylaoh@gmail.com