STATUS REPORT FORM 40

COMPUTER DATA

RETURN TO:
Ancient Order of Hibernians
in America
P.O. Box 539
West Caldwell, NJ 07007

MEMBER - NUMBER

ST CNTY DIV IND

*Please do not reuse past member numbers for new members.

N – NEW MEMBER
R – REINSTATED
C – CHANGE
T – TERMINATED

OFFICER
PRESIDENT
FINANCIAL SECRETARY

FIRST NAME – MIDDLE INITIAL

LAST NAME

ADDRESS - 1

ADDRESS - 2

NOTE: IF ADDRESS INCLUDES CHURCH, RECTORY, COLLEGE, VILLAGE, ESTATES, ETC
ENTER IN ADDRESS -2 AND ENTER STREET ADDRESS UB ADDRESS -1
IF NOT – SHOW STREET ADDRESS IN ADDRESS – 1, SKIP ADDRESS - 2

CITY

ST
ABBR

ZIP CODE
U.S. – CAN.

HOME PHONE

CELL PHONE

EMAIL ADDRESS

STATUS
1 – REGULAR MEMBER
2 – CLERGY
3 – MILITARY
4 – NATIONAL LIFE MEMBER

MAJOR DGR

YR.

GENERAL INSTRUCTIONS:

LINE #1 MUST BE COMPLETELY FILLED OUT.
COMPLETE ENTIRE FORM 40 FOR NEW OR REINSTATED MEMBER.
DO NOT USE PERIODS (.), COMMAS (,) OR OTHER SPECIAL CHARACTERS.
USE SPACES FOR SEPARATION.

NATIONAL OFFICE DATA

DATE OF BIRTH
MM DD YY

DATE INIT
MM DD YY

DATE TERM
MM DD YY

TERM REASON
6 – TRANSFER
7 – DEATH
8 – RESIGNED
9 - SUSPENDED