

The Hibernian Catholic Benefit Society

MEMBERSHIP APPLICATION

Date:

To: Secretary (Branch name)

Please admit as a member of your Branch, the following new member:

NEW MEMBER DETAILS:

Surname (Mr, Mrs, Miss, Ms)

Christian Names

Address

Phone Private Business

Occupation Date of Birth

Spouse's Name No. of children

I am a Catholic/the non-Catholic partner of a mixed marriage/spouse of a deceased member (delete two not applicable). I wish to join The Hibernian Catholic Benefit Society and agree to abide by its rules. Please keep me informed of benefits. I agree that personal information may be accessed by the Society's elected officers, agents and staff as necessary for the Society's business and my own.

Applicants Signature First Dues payment enclosed \$.....

NOMINATED BY:

Name

SECONDED BY:

Name

of Branch

of Branch

Phone

Phone

Nominator's Signature

Seconder's Signature.....

ACCEPTANCE: Applicant has been accepted into this branch.

(Signed) Secretary / / (date)

NOTE: Your membership fee is paid to your nominated Branch, and included in the fee will be contributions (as applicable) to: * Branch Benevolent Fund - for mutual assistance
* Branch Social Fund
* Management Fund - for the costs of running the Branch
* Local Medical Fund (optional)

For Society use only:

Date Received	Member No.	Database Input	Dues Input
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