STATUS REPORT FORM 40

COMPUTER DATA

RETURN TO:
Ancient Order of Hibernians in America
P.O. Box 656
Auburn, NY 13021-0656

MEMBER - NUMBER

ST **CNTY** **DIV** **IND**

N – NEW MEMBER
N – 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** **ZIP CODE**

ABBR **U.S. – CAN.**

HOME PHONE **CELL PHONE**

EMAIL ADDRESS

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

MAJOR **YR.**
DGR

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