

State Hibernian of the Year

Submitted by: _____

Division: _____

Submitted for: Sustained Performance _____
 Current Year Performance _____

Nominee Data:

Name: _____

Member Number: _____

Address: _____

Telephone: _____

E-mail: _____

Nominee's Division: _____

Number of Years in the AOH: _____

Number of Years in the Division: _____

Elected Positions held in the Ancient Order of Hibernians:

<u>Position</u>	<u>Level</u> (State, County, Division)
_____	_____
_____	_____
_____	_____

Appointed Positions Held in the Ancient Order of Hibernians:

Position	Level (State, County, Division)
_____	_____

Committees Chaired in the Ancient Order of Hibernians:

Description of the Nominee's Credentials: (Why you are submitting this individual for the Award) (Use separate sheets of sheets):