

Ancient Order of Hibernians in America Inc.

DIVISION - FINANCIAL, MEMBERSHIP REPORT

for the year ending, December 31, 2020

DIVISION INFORMATION

Division Name _____ Div. # _____ EIN# _____
City or Town _____ County _____
Meeting Place Address _____
Meeting Date and Time _____ Website: _____
Telephone and Email _____

MEMBERSHIP INFORMATION

INCREASES

1 - Membership as of Dec 31, 2019 _____ (Last year's line #11)
2 - Initiated in 2020 _____
3 - Reinstated in 2020 _____
4 - Admitted by Transfer in 2020 _____
5 - Total Membership in 2020 _____ (add lines 1 - 4)

DECREASES

6 - Deaths - 2020 _____
7 - Resigned - 2020 _____
8 - Transferred - 2020 _____
9 - Suspended - 2020 _____
10 - Total Decrease _____ (add lines 6 - 9)
11 - Membership as of Dec 31, 2020 _____ (deduct line 10 from line 5)
12 - Priests (& Mem. Of Rel. Cog.) _____
13 - Members in Armed Forces _____
14 - National Board Life Members _____
15 - Total exempt members _____ (add lines 12 - 14)
16 - Total Members subject to
Per - Capita Tax _____ (deduct line 15 from 11)

NEW YORK STATE PER CAPITA TAX

Postmarked before January 31st - **\$5.50** \$
Postmarked after January 31st - **\$6.00** \$
Postmarked after March 31st - **\$6.50** \$

NEW YORK STATE INITIATIONS - \$1.50 \$

** Please make separate checks for Initiations**

NEW YORK STATE REINSTATEMENTS - \$1.00 \$

MAKE CHECKS PAYABLE TO: AOH NEW YORK STATE BOARD

Mail checks and this form to: Thomas M. O'Donnell 3067 Lewiston Road Niagara Falls, NY 14305

President: _____ Financial Sect. _____
Address: _____ Address _____