



I wish to apply for Regular Membership of the Hibernia Provident Society

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

MANAGEMENT COMPANY: \_\_\_\_\_

EMPLOYMENT POSITION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

YOUR EMAIL: \_\_\_\_\_

HPS MEMBER SPONSOR: \_\_\_\_\_

HPS MEMBER SPONSOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**REMEMBER TO COMPLETE A BENEFICIARY FORM**

**In order to be eligible for membership, you must be sponsored by two Hibernia Provident Society members. Please complete this application form and return it with your application check for \$350.00 made payable to The Hibernia Provident Society.**

**We expect all members to participate fully in the club's activities, and to be prepared to serve on one of our committees, if invited to do so.**

**NOTICE: I \_\_\_\_\_ understand that new members are only eligible for the Hibernia Provident Society Group Life Insurance, Ninety Days (90 days) after swearing in as full member.**

**SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_**