

The member and officers' signatures are required for this form to be processed
Please complete this form legibly

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KNIGHTS OF COLUMBUS®
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER _____		COUNCIL LOCATION (CITY, ST/PROV) _____		MEMBERSHIP NUMBER _____		DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____		
2	TRANSACTION <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REACTIVATION (inactive insurance)		<input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason		MO _____ DAY _____ YR _____ PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____						
3	LAST NAME _____		FIRST NAME _____		MIDDLE INITIAL _____		TITLE _____				
STREET _____			CITY _____		ST/PROV _____	POSTAL CODE _____		COUNTRY (OUTSIDE US) _____			
MO _____ DATE OF BIRTH DAY _____ YR _____		MARITAL STATUS _____	HOME PHONE _____		BUSINESS PHONE _____		CELL PHONE _____				
E-MAIL ADDRESS _____					OCCUPATION/EMPLOYER _____		LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) XXXXX-				
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV) _____				FORMER COLUMBIAN SQUIRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES	1. FIRST _____		2. SECOND _____		3. THIRD _____		4. FOURTH _____
DATE OF TERMINATION _____		REASON _____			NUMBER OF LAST COUNCIL _____		COUNCIL LOCATION (CITY, ST/PROV) _____				
5	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER _____ PROPOSER'S MEMBER NUMBER (required) _____				I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER, CONSTITUTION AND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS. I AGREE THAT THE KNIGHTS OF COLUMBUS MAY VERIFY THE INFORMATION PROVIDED. X _____ SIGNATURE OF APPLICANT						
X		X		X		X					
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____					

* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS

SUPREME OFFICE COPY

A copy of this form should be sent to the council agent for his records