100 3/15



Membership Document A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

TRANSACTION READMISSION (up to 7 years) MO DAY YR PROVIDE SURVIVOR INFORMATION BELOW NEW MEMBER REAPPLICATION (over 7 years) DEATH NEXT OF KIN		1 COLUMBUS PLAZA, NEW HAVEN O	77 005 10				
NEW MEMBER REAPPLICATION (over 7 years) DEATH NEXT OF KIN	1	NEW/RECEIVING COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED 1ST. DEG. DATE	
STREET CITY ST/PROV POSTAL CODE COUNTRY (OUTSIDE US) DATE OF BIRTH YR MARITAL STATUS HOME PHONE E-MAIL ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) *ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? OCTOPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) FORMER SOLUTION COUNTRY (OUTSIDE US) ARE YOU A PRACTICAL OR PRACTICING SEE? OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) FORMER SOLUTION COUNTRY (OUTSIDE US) A FORMER SOLUTION COUNTRY (OUTSIDE US) FORMER SOLUTION COUNTRY (OUTSIDE US) A FORMER SOLUTION COUNTRY (OUTSIDE US) A FOUR MEMBERSHIP AND ADDRESS PHONE I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER PROPOSER'S MEMBER NUMBER (required) A SIGNATURES GRAND KNIGHT X SIGNATURES SIGNATURES GRAND KNIGHT	2	□ NEW MEMBER □ JUVENILE TO ADULT □ REINSTATEMENT (up to 3 months)	□ REAPPLICATION (over 7 years) □ TRANSFER IN □ DATA CHANGE □ SUSPENSION	DEATHRELATIONSHIPSTREET	NEXT OF KIN TELEPHON	NE#	
DATE OF BIRTH ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) PARISH NAME, LOCATION (CITY, ST/PROV) PARISH NAME, LOCATION (CITY, ST/PROV) PARISH NAME, LOCATION (CITY, ST/PROV) DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? DATE OF TERMINATION REASON INITIATION I FIRST 2. SECOND 3. THIRD 4. FOURTH NUMBER OF LAST COUNCIL LOCATION (CITY, ST/PROV) I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP PRINTING NAME AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AND		LAST NAME FIRST NAME MIDDLE INITIAL TITLE					
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DATE FINANCIAL SECRETARY SIGNATURES GRAND KNIGHT	5	PROPOSER'S MEMBER NUMBER (required)					
		X		X			
		DATE	FINANCIAL SECRETARY	SIGNATURES	GRAND KNIGHT		

SUPREME OFFICE COPY

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