

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 _____		PROVIDE SURVIVOR INFORMATION BELOW MO DAY YR <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)
	DATE OF BIRTH MO 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) XXXXXX-	
4	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? YES NO		PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE? YES NO
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES NO	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 _____ DATE			X _____ SIGNATURES		
	FINANCIAL SECRETARY			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