

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 _____ <small>reason</small> | | PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ MO _____ DAY _____ YR _____ 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) XXXXXX- | | | |
| *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 |
| 4 | 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 | | | | |
| DATE | | X | | FINANCIAL SECRETARY | | X | | 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