

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

100 3/15



**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	<b>TRANSACTION</b> <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) <b>XXXXXX-</b>			
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. <b>X</b> _____ SIGNATURE OF APPLICANT					
	<b>X</b> _____ DATE					<b>X</b> _____ SIGNATURES					
	FINANCIAL SECRETARY					GRAND KNIGHT					

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

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

SUPREME OFFICE COPY