100 5/17



Membership Document

045

| - | NEW/RECEIVING COUNCIL NUMBER COUNCIL LOCATION (CITY, ST/PROV) | C, FAMILY, FRATERNAL, SERVICE ORGANIZATION MEMBERSHIP NUMBER DATE READ DATE ELECTED 1 ST. DEG. DATE |
|--------------|--|--|
| 1 | rch, and is in good standing in the Catholic Church. | 10.000.00 |
| 2 | TRANSACTION READMISSION (up to 7 years) NEW MEMBER REAPPLICATION (over 7 years) JUVENILE TO ADULT TRANSFER IN REINSTATEMENT (up to 3 months) REACTIVATION (inactive insurance) | MO DAY YR PROVIDE SURVIVOR INFORMATION BELOW DEATH NEXT OF KIN RELATIONSHIP TELEPHONE # STREET CITY ST/PROV POSTAL CODE |
| e te | 100 as a attendative amanterial infling the form vis mail. Note amanterial variations in fax machines, fax copies are not acceptable, s | Share in the sense of pride all Knights feel in knowing that their |
| 3 | When sending Form 100's to the Supreme Council keep in mun- | Country (our stipped and postal code adole Country (our substitution of postal code adole adol |
| 3 | DATE OF BIRTH MARITAL STATUS HOME PHONE SPENWORES | BUSINESS PHONE CELL PHONE USES IN THE BOOK OF SOME |
| | Ensure the Form 100 is completed fully and legibly by the mean endess, birth date and signature. Including morpher's name, addess, birth date and signature. | OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) ADDITIONAL SERVICE OF TAX ID (e.g., SSN, SIN) |
| be O// | *ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? | PARISH NAME, LOCATION (CITY, ST/PROV) FORMER COLUMBIAN SQUIRE? |
| 4 | DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES NO INITIATION DATES 1. FIRST | 2. SECOND 4. FOURTH • Give back to your community by putting your principles and |
| the | DATE OF TERMINATION TO REASON BELIEVED THE DESCRIPTION OF EVENTS OF THE PROPERTY OF THE PROPER | NUMBER OF LAST COUNCIL COUNCIL LOCATION (CITY, ST/PROV) AUTO PROVIDE STATE OF LAST COUNCIL LOCATION (CITY, ST/PROV) WORK WITH DECIDING THE STATE OF LAST COUNCIL LOCATION (CITY, ST/PROV) |
| eub All y | I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. LIGHT OF THE ABOVE APPLICANT FOR MEMBERSHIP. DESCRIPTION AME OF PROPOSER OF PROPOSER OF 100 OF 1 | 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 COUNCILES 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. |
| 3 | PROPOSER'S MEMBER NUMBER (required) | SIGNATURE OF APPLICANT |
| 1 | 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