

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

045

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 _____		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____			
3	LAST NAME _____ FIRST NAME _____ STREET _____ CITY _____ DATE OF BIRTH MO _____ DAY _____ YR _____ MARITAL STATUS _____ HOME PHONE _____ E-MAIL ADDRESS _____		MIDDLE INITIAL _____ TITLE _____ ST/PROV _____ POSTAL CODE _____ COUNTRY (OUTSIDE US) _____ BUSINESS PHONE _____ CELL PHONE _____ 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 <input type="checkbox"/> NO <input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE OF TERMINATION _____ REASON _____		PARISH NAME, LOCATION (CITY, ST/PROV) _____ FORMER COLUMBIAN SQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/> 1. FIRST _____ 2. SECOND _____ 3. THIRD _____ 4. FOURTH _____ 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 _____ 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