

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

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER _____		COUNCIL LOCATION (CITY, ST/PROV) _____		MEMBERSHIP NUMBER _____		DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____
<b>2</b>	<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 _____				
<b>3</b>	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>XXXXX-</b>	
	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PARISH NAME, LOCATION (CITY, ST/PROV) _____			FORMER COLUMBIAN SQUIRE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4</b>	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/>	INITIATION DATES	1. FIRST _____		2. SECOND _____		3. THIRD _____		4. FOURTH _____
DATE OF TERMINATION _____		REASON _____			NUMBER OF LAST COUNCIL _____	COUNCIL LOCATION (CITY, ST/PROV) _____			
<b>5</b>	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>		<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*