



**KNIGHTS
OF COLUMBUS**
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document
A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

045

1	NEW/RECEIVING COUNCIL NUMBER 15238	COUNCIL LOCATION (CITY, ST/PROV) DAVISONVILLE GA	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
2	TRANSACTION <input checked="" 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)			
	DATE OF BIRTH MO 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-			
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. X SIGNATURE OF APPLICANT X DATE 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