

Instructions:

- Complete the membership application form below.
- You must certify that you are a practicing Catholic in union with the Holy See (under 4).
- If you have any questions, discuss them with your proposer, sponsor, or council officer.
- After signing, return the form to the Council for signatures and approval.

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

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER <b>9880</b>	COUNCIL LOCATION (CITY, ST/PROV) <b>Raleigh, NC</b>	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE									
	<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 _____ MO _____ DAY _____ YR _____ 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)								
	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) <b>XXXXX-</b>									
<b>4</b>	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES	NO	PARISH NAME, LOCATION (CITY, ST/PROV) <b>Saint Raphael, Raleigh, NC</b>			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)							
<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> _____ DATE				<b>X</b> _____ FINANCIAL SECRETARY				<b>X</b> _____ SIGNATURES				<b>X</b> _____ 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