

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 _____		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) _____		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>XXXXXX-</b>	
<b>4</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"/>	
DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INITIATION DATES <input type="checkbox"/>	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		
DATE _____ <b>X</b>		FINANCIAL SECRETARY _____		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*