



The member and officers' signatures are required for this form to be processed
Please complete this form legibly

100 5/17



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	TRANSACTION <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 _____									
3	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) XXXXX-						
*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				
4	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						X								
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

