



KNIGHTS OF COLUMBUS
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

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 _____		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ MO _____ DAY _____ YR _____ 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) 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				YES
		NO	NO				NO
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST	2. SECOND	3. THIRD
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

A copy of this form should be sent to the council agent for his records

SUPREME OFFICE COPY