



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 <small>reason _____</small>		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)		
			YES	NO	FORMER COLUMBIAN SQUIRE?		YES
			NO	NO			NO
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST	2. SECOND	3. THIRD
		YES	NO				4. FOURTH
DATE OF TERMINATION		REASON			NUMBER OF LAST COUNCIL		COUNCIL LOCATION (CITY, ST/PROV)
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		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