



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 _____		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-								
4	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?			YES		NO		FARISH NAME, LOCATION (CITY, ST/PROV)				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)							
5	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.						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.										
PRINTED NAME OF PROPOSER						SIGNATURE OF APPLICANT											
PROPOSER'S MEMBER NUMBER (required)						X											
DATE						X											
FINANCIAL SECRETARY				SIGNATURES				GRAND KNIGHT									

* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS