



**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 _____				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) XXXXXX-			
4	*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	
	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.				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				X SIGNATURE OF APPLICANT							
	PROPOSER'S MEMBER NUMBER (required)				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