



**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	
	TRANSACTION				PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ NEXT OF KIN _____ MO DAY YR RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____					
2	<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> READMISSION (up to 7 years)							
	<input type="checkbox"/> JUVENILE TO ADULT		<input type="checkbox"/> REAPPLICATION (over 7 years)							
3	<input type="checkbox"/> REINSTATEMENT (up to 3 months)		<input type="checkbox"/> TRANSFER IN							
	<input type="checkbox"/> REACTIVATION (inactive insurance)		<input type="checkbox"/> DATA CHANGE							
4	<input type="checkbox"/> SUSPENSION _____ reason _____									
	LAST NAME		FIRST NAME		MIDDLE INITIAL		TITLE			
5	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
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)				SIGNATURES						
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