



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		MARITAL STATUS	HOME PHONE		BUSINESS PHONE		CELL PHONE	
MO		DATE OF BIRTH DAY	YR	E-MAIL ADDRESS	OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) XXXXXX-	
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES	NO	PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE?	
4	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		FINANCIAL SECRETARY		SIGNATURES		GRAND KNIGHT		
X		X		X		X		

* 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