



KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
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2	TRANSACTION <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE					
	<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> READMISSION (up to 7 years)		<input type="checkbox"/> HONORARY MEMBERSHIP _____ degree attained	
	<input type="checkbox"/> JUVENILE TO ADULT		<input type="checkbox"/> REAPPLICATION (over 7 years)		<input type="checkbox"/> HONORARY LIFE MEMBERSHIP _____ degree attained	

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	
E-MAIL ADDRESS				OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g., SSN) XXXXX-	

*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION 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 NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE (THROUGH AGE 83) FOR A KNIGHTS OF COLUMBUS ANNUITY AS DESCRIBED ON THE BACK OF THIS APPLICATION (COMPLETE FOR MEMBER) OR THE REVERSE SIDE OF THE DUPLICATE (COMPLETE FOR WIFE)

I am applying for myself Yes No *I am applying for my wife Yes No

I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PROPOSER'S SIGNATURE _____ 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. SIGNATURE OF APPLICANT _____
DATE _____	FINANCIAL SECRETARY _____
SIGNATURES _____	
GRAND KNIGHT _____	

<p style="text-align: center;">COMPLETE WHEN REPORTING MEMBER DEATH ONLY.</p> NEXT OF KIN _____ RELATIONSHIP _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____	<p style="text-align: center;">FOR SUPREME COUNCIL OFFICE USE ONLY</p>
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APPLICANT'S INTERESTS/PREFERENCES

Following submission of this Membership Document, you will be contacted in regard to your meeting with the council's admission committee. To aid the committee in preparation for this meeting, you are asked to indicate committee assignment preferences below. If you need more specific information on any of these committees, please inquire during the interview process.

CHURCH COMMUNITY COUNCIL
 FAMILY YOUTH MEMBERSHIP RECRUITMENT/RETENTION

Please specify interests: _____

What do you expect from your membership in the Knights of Columbus?

In your opinion, what can you do or contribute to assist in the successful operation of this council?
