100 7/08

PLEASE TYPE OR PRINT IN INK

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

2 TRANSACTION

- ☐ NEW MEMBER
- ☐ JUVENILE TO ADULT
- ☐ REINSTATEMENT (up to 3 months)
- ☐ REACTIVATION (inactive insurance)
- ☐ READMISSION (up to 7 years)
- ☐ REAPPLICATION (over 7 years)
- ☐ TRANSFER IN
- ☐ HONORARY MEMBERSHIP _____ degree attained
- ☐ HONORARY LIFE MEMBERSHIP _____ degree attained
- ☐ DATA CHANGE
- ☐ SUSPENSION _____ reason
- ☐ DEATH _____ mo day yr

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)
		XXXXX-

4

*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

6

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

COMPLETE WHEN REPORTING MEMBER DEATH ONLY.

NEXT OF KIN _____

RELATIONSHIP _____

STREET _____

CITY _____

ST/PROV _____ POSTAL CODE _____

FOR SUPREME COUNCIL OFFICE USE ONLY

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
- ☐ FAMILY
- ☐ COMMUNITY
- ☐ YOUTH
- ☐ COUNCIL
- ☐ 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?

_____

Date of Interview: Signed: