



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 _____		
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 MO _____ DAY _____ YR _____ <input type="checkbox"/> DEATH _____ 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) 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 _____	
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. PRINTED NAME OF PROPOSER _____ 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. I AGREE THAT THE KNIGHTS OF COLUMBUS MAY VERIFY THE INFORMATION PROVIDED. X _____ SIGNATURE OF APPLICANT			
X		X		X		X		
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____		

* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS