



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"/> 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"/> HONORARY MEMBERSHIP <input type="checkbox"/> HONORARY LIFE MEMBERSHIP	<input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION <input type="checkbox"/> DEATH
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3	LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE
STREET		CITY	ST/PROV	POSTAL CODE
MO	DATE OF BIRTH DAY YR	*MARITAL STATUS	HOME PHONE	BUSINESS PHONE
E-MAIL ADDRESS			OCCUPATION/EMPLOYER	CELL PHONE
			LAST FOUR DIGITS OF TAX ID (e.g., SSN) XXXXXX-	

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?		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
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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?

Date of Interview: _____ Signed: _____
ADMISSION COMMITTEE CHAIRMAN

TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.

* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS