

The member and officers' signatures are required for this form to be processed

Please complete this form legibly

100 5/17



**KNIGHTS OF COLUMBUS**  
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

**Membership Document**  
A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

**045**

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST DEG. DATE			
<b>2</b>	<b>TRANSACTION</b> <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		MO DAY YR PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____				
<b>3</b>	LAST NAME		FIRST NAME		MIDDLE NAME		TITLE		
ADDRESS		CITY	ST/PROV	POSTAL CODE	COUNTRY (OUTSIDE US)				
MO DATE OF BIRTH DAY YR		MARITAL STATUS	HOME PHONE		BUSINESS PHONE		CELL PHONE		
EMAIL ADDRESS				OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g. SSN, SIN) <b>XXXXX-</b>			
*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
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)			
<b>5</b>	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				_____ <b>X</b> _____ SIGNATURE OF APPLICANT					
PROPOSER'S MEMBER NUMBER (required)				_____ <b>X</b> _____ SIGNATURE OF APPLICANT					
DATE		FINANCIAL SECRETARY		SIGNATURES		GRAND KNIGHT			

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

**SUPREME COUNCIL COPY**

*A copy of this form should be sent to the council agent for his records*