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

Please complete this form legibly

100 3/15

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

- ☐ NEW MEMBER
- ☐ JUVENILE TO ADULT
- ☐ REINSTATEMENT (up to 3 months)
- ☐ REACTIVATION (inactive insurance)
- ☐ READMISSION (up to 7 years)
- ☐ REAPPLICATION (over 7 years)
- ☐ TRANSFER IN
- ☐ DATA CHANGE
- ☐ SUSPENSION _____ (reason)

MO DAY YR — PROVIDE SURVIVOR INFORMATION BELOW

☐ DEATH _____ NEXT OF KIN _____

RELATIONSHIP _____ TELEPHONE # _____

STREET _____

CITY _____ ST/PROV _____ POSTAL CODE _____

3

LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE
New	Member		Mr.

STREET	CITY	ST/PROV	POSTAL CODE	COUNTRY (OUTSIDE US)

DATE OF BIRTH (MO DAY YR)	MARITAL STATUS	HOME PHONE	BUSINESS PHONE	CELL PHONE
1-1-1900	Married			

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

4

*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)

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

DATE	FINANCIAL SECRETARY	SIGNATURES	GRAND KNIGHT
	X John T Gearon III		X Grand Knight for Life

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

SUPREME OFFICE COPY

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