



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)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST DEG. DATE
2	TRANSACTION <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY MEMBERSHIP <small>degree attained</small> <input type="checkbox"/> SUSPENSION <small>reason</small> <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <small>degree attained</small> <input type="checkbox"/> DEATH <small>MO DAY YR</small> <small>PROVIDE SURVIVOR INFORMATION BELOW</small>					
3	LAST NAME FIRST NAME MIDDLE INITIAL TITLE STREET CITY ST POSTAL CODE COUNTRY (OUTSIDE US) MO DATE OF BIRTH 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 OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? (SEE DEFINITION ON REVERSE SIDE OF COUNCIL COPY) YES NO PARISH NAME, LOCATION (CITY, ST): 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 89) 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 <input type="checkbox"/> Yes <input type="checkbox"/> No I am applying for my wife <input type="checkbox"/> Yes <input type="checkbox"/> No					
6	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 USE AN OUTSIDE AGENCY TO OBTAIN INFORMATION CONCERNING MY CORRECT ADDRESS. X SIGNATURE OF APPLICANT		
		X			X	
		DATE	FINANCIAL SECRETARY	SIGNATURES	GRAND KNIGHT	
FAMILY INFORMATION			COMPLETE WHEN REPORTING MEMBER DEATH ONLY			
WIFE'S NAME			NEXT OF KIN			
NAMES AND AGES OF CHILDREN			RELATIONSHIP			
			STREET			
			CITY			
			ST/PROV		POSTAL CODE	
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.						
<input type="checkbox"/> CHURCH		<input type="checkbox"/> COMMUNITY		<input type="checkbox"/> COUNCIL		
<input type="checkbox"/> FAMILY		<input type="checkbox"/> YOUTH		<input type="checkbox"/> 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: _____			
			<small>ADMISSION COMMITTEE CHAIRMAN</small>			
TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.						