



# MEMBERSHIP DOCUMENT KNIGHTS OF COLUMBUS

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

COUNCIL SECTION

LAST NAME		FIRST NAME		MIDDLE INITIAL	RANK OR TITLE
STREET		CITY		STATE OR PROVINCE	COUNTRY OR ZIP CODE
AREA CODE - TELEPHONE NUMBER		DATE OF BIRTH MO. DAY YR.		* MARITAL STATUS	NO. YEARS AT ABOVE ADDRESS
OCCUPATION		SOCIAL SECURITY NO.		* EMPLOYER	
K OF C INS. CERTIFICATE NUMBERS				FORMER COLUMBIAN SQUIRE?	YES NO

* ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?		YES	NO	NAME OF PARISH				
DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES	NO	DEGREES REC'D AND DATES	1. (DATE)	2. (DATE)	3. (DATE)	4. (DATE)

NUMBER OF LAST COUNCIL		LOCATION:		CITY	STATE/PROVINCE
DATE OF TERMINATION OF MEMBERSHIP		REASON:			

ONLY NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE FOR THE INSURANCE DESCRIBED IN THIS DOCUMENT I HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR THE LIFE INSURANCE DESCRIBED ON THE BACK AND I HAVE DECIDED:  
 TO APPLY FOR MYSELF  YES  NO  
 \* TO APPLY FOR MY WIFE  YES  NO  
 FOR INSURANCE ON MEMBER... COMPLETE REVERSE SIDE OF ORIGINAL FOR INSURANCE ON WIFE... COMPLETE REVERSE SIDE OF DUPLICATE

I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP IN THE KNIGHTS OF COLUMBUS		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 PROPOSER		SIGNATURE OF APPLICANT	
DATE	FINANCIAL SECRETARY SIGNATURES	GRAND KNIGHT	

MEMBERSHIP NUMBER			
<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> REACTIVATION		
<input type="checkbox"/> JUVENILE TO ADULT	<input type="checkbox"/> REINSTATEMENT		
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> READMISSION		
<input type="checkbox"/> READMISSION FEE PAID (\$7.50)			
<input type="checkbox"/> WITHDRAWAL CARD ATTACHED			
<input type="checkbox"/> REAPPLICATION			
<input type="checkbox"/> HONORARY MEMBERSHIP			
<input type="checkbox"/> HONORARY LIFE MEMBERSHIP			
<input type="checkbox"/> WITHDRAWAL CARD (IN GOOD STANDING)			
<input type="checkbox"/> SUSPENSION			
REASON _____			
<input type="checkbox"/> DATA CHANGE			
<input type="checkbox"/> DEATH _____ DATE _____			
NEXT OF KIN _____			
RELATIONSHIP _____			
ADDRESS _____			
CITY _____			
STATE _____ ZIP _____			
COUNCIL	NUMBER	CITY	ST./PROV.
NEW OR PRESENT			
FORMER			
DATE READ	DATE ELECTED	1ST DEG. DATE	

\*THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS

ORIGINAL COPY TRANSACTIONS W/INSURANCE TO GENERAL AGENT ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE