



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

# Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

045

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

1	NEW/RECEIVING COUNCIL NUMBER		COUNCIL LOCATION (CITY, ST/PROV)		MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
	<div> <div> <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) </div> <div> <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 <small>reason _____</small> </div> </div>							
2	<div> <div> MO DAY YR </div> <div> PROVIDE SURVIVOR INFORMATION BELOW  <input type="checkbox"/> DEATH <b>NEXT OF KIN</b> _____  <b>RELATIONSHIP</b> _____ <b>TELEPHONE #</b> _____  <b>STREET</b> _____  <b>CITY</b> _____ <b>ST/PROV</b> _____ <b>POSTAL CODE</b> _____ </div> </div>							
	<div> LAST NAME FIRST NAME MIDDLE INITIAL TITLE  STREET CITY ST/PROV 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, SIN) </div>							
3	<div> *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 </div>							
	<div> 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) </div>							
4	<div> I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.  PRINTED NAME OF PROPOSER  PROPOSER'S MEMBER NUMBER (required) _____ </div>							
	<div> 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  X  DATE FINANCIAL SECRETARY SIGNATURES GRAND KNIGHT </div>							

\* 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