



# KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

## Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	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"/> 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 _____ degree attained <input type="checkbox"/> SUSPENSION _____ reason <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP _____ degree attained <input type="checkbox"/> DEATH _____ <div style="border: 1px solid black; padding: 2px;">PROVIDE SURVIVOR INFORMATION BELOW</div> <div style="text-align: right; font-size: small;">MO DAY YR</div>					
<b>3</b>	LAST NAME		FIRST NAME	MIDDLE INITIAL	TITLE	
	STREET		CITY	ST/PROV	POSTAL CODE	COUNTRY (OUTSIDE US)
	DATE OF BIRTH MO DAY YR	MARITAL STATUS	HOME PHONE	BUSINESS PHONE	CELL PHONE	
	E-MAIL ADDRESS			OCCUPATION/EMPLOYER	LAST FOUR DIGITS OF TAX ID (e.g., SSN) <b>XXXXX-</b>	
<b>4</b>	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION 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>	NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE (THROUGH AGE 83) 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					
<b>6</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 USE AN OUTSIDE AGENCY TO OBTAIN INFORMATION CONCERNING MY CORRECT ADDRESS.		
	PRINTED NAME OF PROPOSER			SIGNATURE OF APPLICANT		
	PROPOSER'S MEMBER NUMBER (required)					
DATE		FINANCIAL SECRETARY		SIGNATURES		GRAND KNIGHT
<b>FAMILY INFORMATION</b>				<b>COMPLETE WHEN REPORTING MEMBER DEATH ONLY.</b>		
WIFE'S NAME _____				NEXT OF KIN _____		
NAMES AND AGES OF CHILDREN _____				RELATIONSHIP _____		
_____				STREET _____		
_____				CITY _____		
_____				ST/PROV _____ POSTAL CODE _____		
<b>APPLICANT'S INTERESTS/PREFERENCES</b>						
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: _____			
ADMISSION COMMITTEE CHAIRMAN						
TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.						