



# KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

## Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
<b>2</b>	<b>TRANSACTION</b> <input type="checkbox"/> <b>NEW MEMBER</b> <input type="checkbox"/> <b>JUVENILE TO ADULT</b> <input type="checkbox"/> <b>REINSTATEMENT (up to 3 months)</b>					
	<input type="checkbox"/> <b>REACTIVATION (inactive insurance)</b> <input type="checkbox"/> <b>READMISSION (up to 7 years)</b> <input type="checkbox"/> <b>REAPPLICATION (over 7 years)</b>					
	<input type="checkbox"/> <b>TRANSFER IN</b> <input type="checkbox"/> <b>HONORARY MEMBERSHIP</b> degree attained _____ <input type="checkbox"/> <b>HONORARY LIFE MEMBERSHIP</b> degree attained _____					
	<input type="checkbox"/> <b>DATA CHANGE</b> <input type="checkbox"/> <b>SUSPENSION</b> reason _____ MO DAY YR <input type="checkbox"/> <b>DEATH</b> PROVIDE SURVIVOR INFORMATION BELOW					
<b>3</b>	LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ TITLE _____ STREET _____ CITY _____ ST _____ 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 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) _____					
<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. 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		
	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.						

\* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS