



KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST DEG. DATE
2	TRANSACTION <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY MEMBERSHIP _____ degree attained <input type="checkbox"/> SUSPENSION _____ reason <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP _____ degree attained <input type="checkbox"/> DEATH _____ mo _____ day _____ yr <input type="checkbox"/> REINSTATEMENT (up to 3 months)					
3	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) XXXXX-					
4	ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE? YES <input type="checkbox"/> NO <input type="checkbox"/> PARISH NAME, LOCATION (CITY, ST/PROV) _____ FORMER COLUMBIAN SQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 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					
6	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PROPOSER'S SIGNATURE _____ 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. SIGNATURE OF APPLICANT _____		
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____
COMPLETE WHEN REPORTING MEMBER DEATH ONLY.				FOR SUPREME COUNCIL OFFICE USE ONLY		
NEXT OF KIN _____						
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: _____						
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