



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"/> HONORARY MEMBERSHIP <input type="checkbox"/> SUSPENSION <input type="checkbox"/> DEATH <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <input type="checkbox"/> DEATH <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> DEATH					
3	LAST NAME FIRST NAME MIDDLE INITIAL TITLE STREET CITY ST/PROV POSTAL CODE COUNTRY (OUTSIDE US) DATE OF BIRTH *MARITAL STATUS HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)					
4	*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)					
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 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. PROPOSER'S MEMBER NUMBER (required) 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