



KNIGHTS OF COLUMBUS
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER _____	COUNCIL LOCATION (CITY, ST/PROV) _____	MEMBERSHIP NUMBER _____	DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____
2	TRANSACTION <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)		<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 _____ reason _____		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ MO _____ DAY _____ YR _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____	
3	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) XXXXX-
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION 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 <input checked="" type="checkbox"/>	1. FIRST _____	2. SECOND _____
DATE OF TERMINATION _____		REASON _____		NUMBER OF LAST COUNCIL _____	COUNCIL LOCATION (CITY, ST/PROV) _____	
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 VERIFY THE INFORMATION PROVIDED. X _____ SIGNATURE OF APPLICANT		
X _____ DATE		X _____ FINANCIAL SECRETARY		X _____ SIGNATURES		X _____ GRAND KNIGHT

* 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

Fill out the application form and have your sponsor fill in his part.
Turn in to the Knights of Columbus Council 1455 at:
1851 Leitchfield Rd, Elizabethtown, KY 42701