



# 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	<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					
3						
4	<input type="checkbox"/> ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE? YES NO	PARISH NAME, LOCATION (CITY, ST/PROV)			<input type="checkbox"/> FORMER COLUMBIAN SQUIRE? YES NO	
	<input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES NO	<input type="checkbox"/> INITIATION DATES 1. FIRST 2. SECOND 3. THIRD 4. FOURTH				
	<input type="checkbox"/> DATE OF TERMINATION	<input type="checkbox"/> REASON	<input type="checkbox"/> NUMBER OF LAST COUNCIL	<input type="checkbox"/> COUNCIL LOCATION (CITY, ST/PROV)		
5						
6	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. SIGNATURE OF APPLICANT _____		
	<input type="checkbox"/> DATE	<input type="checkbox"/> FINANCIAL SECRETARY	<input type="checkbox"/> SIGNATURES	<input type="checkbox"/> 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



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<b>5</b>	<input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIATION DATES <input type="checkbox"/> 1. FIRST <input type="checkbox"/> 2. SECOND <input type="checkbox"/> 3. THIRD <input type="checkbox"/> 4. FOURTH					
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DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____	
<b>FAMILY INFORMATION</b>				<b>COMPLETE WHEN REPORTING MEMBER DEATH ONLY.</b>			
WIFE'S NAME _____				NEXT OF KIN _____			
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TO GENERAL AGENT							

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3									
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)		
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DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____			
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				<small>ADMISSION COMMITTEE CHAIRMAN</small>					

RETAIN FOR COUNCIL RECORDS

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