



**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/PROV) | MEMBERSHIP NUMBER   | DATE READ           | DATE ELECTED  | 1ST. DEG. DATE   |            |                          |                                |    |  |
| <b>2</b>                                 | <b>TRANSACTION</b><br><input type="checkbox"/> NEW MEMBER<br><input type="checkbox"/> JUVENILE TO ADULT<br><input type="checkbox"/> REINSTATEMENT (up to 3 months)<br><input type="checkbox"/> REACTIVATION (inactive insurance) |                                  | <input type="checkbox"/> READMISSION (up to 7 years)<br><input type="checkbox"/> REAPPLICATION (over 7 years)<br><input type="checkbox"/> TRANSFER IN<br><input type="checkbox"/> DATA CHANGE<br><input type="checkbox"/> SUSPENSION _____ reason _____ |                     | MO DAY YR PROVIDE SURVIVOR INFORMATION BELOW<br><input type="checkbox"/> DEATH NEXT OF KIN _____<br>RELATIONSHIP _____ TELEPHONE # _____<br>STREET _____<br>CITY _____ ST/PROV _____ POSTAL CODE _____  |  |            |                          |                                |    |  |
| <b>3</b>                                 | 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)<br><b>XXXXX-</b> |            |                          |                                |    |  |
| <b>4</b>                                 | *ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION 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)                             |            |                          |                                |    |  |
| <b>5</b>                                 | I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.<br>PRINTED NAME OF PROPOSER _____<br>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.<br><b>X</b> _____<br>SIGNATURE OF APPLICANT |  |            |                          |                                |    |  |
| <b>X</b> _____<br>DATE                   |  |                                  | <b>X</b> _____<br>FINANCIAL SECRETARY   |                     |   | <b>X</b> _____<br>SIGNATURES                                 |            |                          | <b>X</b> _____<br>GRAND KNIGHT |    |  |

\* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS