MEMBERSHIP DOCUMENT

KNIGHTS OF COLUMBUS

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1

LAST NAME	FIRST NAME	MIDDLE INITIAL	RANK OR TITLE

STREET	CITY	STATE OR PROVINCE	COUNTRY OR ZIP CODE

2

AREA CODE—TELEPHONE NUMBER	DATE OF BIRTH MO. DAY YR.	* MARITAL STATUS	NO. OF YEAR AT ABOVE ADDRESS
		Married	

OCCUPATION	SOCIAL SECURITY NO.	* EMPLOYER

K OF C INS. CERTIFICATE NUMBERS	FORMER COLUMBIAN SQUIRE?	YES	NO
		◯	◉

3

* ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO	NAME OF PARISH
	◉	◯	

DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	DEGREES REC'D AND DATES	1. (DATE)	2. (DATE)	3. (DATE)	4. (DATE)
	◯	◉					

4

NUMBER OF LAST COUNCIL	LOCATION: CITY	STATE/PROVINCE

DATE OF TERMINATION OF MEMBERSHIP	REASON:

5

ONLY NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE FOR THE INSURANCE DESCRIBED IN THIS DOCUMENT

I HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR THE LIFE INSURANCE DESCRIBED ON THE BACK AND I HAVE DECIDED:

TO APPLY FOR MYSELF ◯ YES ◯ NO — * TO APPLY FOR MY WIFE ◯ YES ◯ NO

FOR INSURANCE ON MEMBER....COMPLETE REVERSE SIDE OF ORIGINAL — **FOR INSURANCE ON WIFE....COMPLETE REVERSE SIDE OF DUPLICATE**

6

I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERHIP.

PROPOSERS SIGNATURE _____

MEMBERSHIP NUMBER _____

I HEREBY DECLARE THAT THE AVOVE 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

COUNCIL SECTION

MEMBERSHIP NUMBER

NEW MEMBER — **REACTIVATON**

JUVENILE TO ADULT — **REINSTATEMENT**

TRANSFER — **READMISSION**

READMISSION FEE PAID ($7.50)

WITHDRAWAL CARD ATTACHED

REAPPLICATION

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

WITHDRAWAL CARD (IN GOOD STANDING)

SUSPENSION

REASON

DATA CHANGE

DEATH _____ **DATE**

NEXT OF KIN _____

RELATIONSHIP _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____

COUNCIL	NUMBER	CITY	ST./PROV.
NEW OR PRESENT			
FORMER			

DATE READ	DATE ELECTED	1ST DEG. DATE

*** THESE QUESTION DO NOT APPLY TO PRIESTS AND RELIGIOUS**

ORIGINAL COPY **TRANSACTIONS W/INSURANCE TO GENERAL AGENT** **ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE**