



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"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY MEMBERSHIP _____ <small>degree attained</small> <input type="checkbox"/> SUSPENSION _____ <small>reason</small>							
	<input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP _____ <small>degree attained</small>							
3								
4	<input type="checkbox"/> ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PARISH NAME, LOCATION (CITY, ST/PROV)		<input type="checkbox"/> FORMER COLUMBIAN SQUIRE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	<input type="checkbox"/> YES	<input type="checkbox"/> 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								
6	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.			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.				
	PRINTED NAME OF PROPOSER _____			SIGNATURE OF APPLICANT _____				
	PROPOSER'S MEMBER NUMBER (required) _____							
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____		
FAMILY INFORMATION				COMPLETE WHEN REPORTING MEMBER DEATH ONLY.				
WIFE'S NAME _____				NEXT OF KIN _____				
NAMES AND AGES OF CHILDREN _____ _____ _____				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"/> MEMBERSHIP RECRUITMENT/RETENTION		
<input type="checkbox"/> FAMILY		<input type="checkbox"/> YOUTH						
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: _____ <small>ADMISSION COMMITTEE CHAIRMAN</small>				
TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.								

* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS