



# MEMBERSHIP DOCUMENT

# KNIGHTS OF COLUMBUS

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

COUNCIL SECTION

<b>1</b>	LAST NAME		FIRST NAME		MIDDLE INITIAL	RANK OR TITLE			
	STREET		CITY		STATE OR PROVINCE	COUNTRY OR ZIP CODE			
<b>2</b>	AREA CODE—TELEPHONE NUMBER		DATE OF BIRTH MO. DAY YR.		* MARITAL STATUS	NO. OF YEAR AT ABOVE ADDRESS			
	OCCUPATION		SOCIAL SECURITY NO.		* EMPLOYER				
	K OF C INS. CERTIFICATE NUMBERS					FORMER COLUMBIAN SQUIRE?	YES	NO	
	* ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?		YES	NO	NAME OF PARISH				
<b>3</b>	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES	NO	DEGREES REC'D AND DATES	1. (DATE)	2. (DATE)	3. (DATE)	4. (DATE)
	NUMBER OF LAST COUNCIL		LOCATION:		CITY	STATE/PROVINCE			
<b>4</b>	DATE OF TERMINATION OF MEMBERSHIP		REASON:						
	<p><b>ONLY NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE FOR THE INSURANCE DESCRIBED IN THIS DOCUMENT</b></p> <p>I HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR THE LIFE INSURANCE DESCRIBED ON THE BACK AND I HAVE DECIDED:</p> <p>TO APPLY FOR MYSELF      YES      NO      * TO APPLY FOR MY WIFE      YES      NO</p> <p>FOR INSURANCE ON MEMBER....COMPLETE REVERSE SIDE OF ORIGINAL      FOR INSURANCE ON WIFE....COMPLETE REVERSE SIDE OF DUPLICATE</p>								
<b>5</b>	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.						
	PROPOSERS SIGNATURE _____		SIGNATURE OF APPLICANT _____						
<b>6</b>	MEMBERSHIP NUMBER _____								
	DATE	FINANCIAL SECRETARY	SIGNATURES		GRAND KNIGHT				

**MEMBERSHIP NUMBER**

NEW MEMBER      REACTIVATION  
 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