



MEMBERSHIP DOCUMENT

KNIGHTS OF COLUMBUS

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

COUNCIL SECTION

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		
	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 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 _____					
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