

The member and officers' signatures are required for this form to be processed

Please complete this form legibly

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KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN, CT. 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER 12985	COUNCIL LOCATION (CITY, ST/PROV) Montague, MI.	MEMBER NUMBER	DATE READ	DATE ELECTED	1ST DEGREE DATE
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2	TRANSACTION		<input type="checkbox"/> READMISSION (up to 7 years)	DEATH	MO	DAY	YR	PROVIDE SURVIVOR INFORMATION BELOW	
	<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> REAPPLICATION (over to 7 years)	<input type="checkbox"/> TRANSFER IN	<input type="checkbox"/> YES				NEXT OF KIN	
	<input type="checkbox"/> JUVENILE TO ADULT	<input type="checkbox"/> DATA CHANGE	<input type="checkbox"/> SUSPENSION	RELATIONSHIP		PHONE #			
	<input type="checkbox"/> REINSTATEMENT (up to 3 months)	reason		STREET					
	<input type="checkbox"/> REACTIVATION (inactive insurance)			CITY		ST/PROV		ZIP CODE	

3	LAST NAME:		FIRST NAME:		MIDDLE INITIAL:		TITLE:	
	STREET:		CITY:		ST/PROV:		POSTAL CODE	
			MICHIGAN				USA	
	DATE OF BIRTH MO DAY YR	MARITAL STATUS	HOME PHONE		BUSINESS PHONE		CELL PHONE	
E-MAIL ADDRESS			OCCUPATION/EMPLOYER			LAST 4 DIGITS OF TAX ID (e.g. SSN, SIN) XXXX -		

4	ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SPIRIT?		YES	NO	PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE?	
								YES	NO
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES	NO	INVITATION DATES	1. FIRST	2. SECOND	3. THIRD	4. FOURTH
DATE OF TERMINATION		REASON:			NUMBER OF LAST COUNCIL		COUNCIL LOCATION (CITY, ST/PROV.)		

5	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 VERIFY THE INFORMATION PROVIDED.					
	PRINT NAME OF PROPOSER			SIGNATURE OF APPLICANT					
	PROPOSAL MEMBERS NUMBER (required)								
DATE		FINANCIAL SECRETARY SIGNATURE			GRAND KNIGHT SIGNATURE				

Print and sign three (3) copies. Check box to right where copy is sent to.



- SUPREME OFFICE COPY
- GENERAL AGENT COPY
- COUNCIL COPY