

## Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNC		ER			NCIL LOCATION (CT LTY, TE	· · ·		MEMBERSHIP NUMBER			DATE READ D		DATE ELEC	JECTED 1		1ST DEGREE DATE		
2	TRANSACTION TRANSACTION Rew Member JUVENILE TO ADULT REINSTATEMENT (up to 3 months) REACTIVATION (INACTIVE INSURANCE)				[ [ [	READMISSION (up to 7 years)         REAPPLICATION (over 7 years)         TRANSFER IN         DATA CHANGE         SUSPENSION			RELATIONSHIP				PROVIDE SURVIVOR INFORMATION BELOW OF KIN PHONE# POSTAL CODE						
3	LAST NAME STREET			H	IRST NAME	MIDDLE INITIAL STATE PO			POSTAL COI				COUNTRY						
3	DATE OF BIRTH MONTH DAY YEAR MARITAL STATUS HOME PHONE EMAIL ADDRESS								BUSINESS PHONE OCCUPATION / EMPLOYER				CELL PHONE LAST FOUR DIGITS OR TAX ID (s.g. SSN, SIN) XXXXX-						
	ARE YOU A PRACTICAL C CATHOLIC IN UNION WIT			YES	NO	PARISH NAME, LO					FORMER YES COLUMBIAN SQUIRE?				NO				
4	DID YOU APPLY FOR MEMBERSHIP PREVIOSLY?	YES	NO INITIATION DATES			FIRST			SECOND	THIRD			FOUTH						
	DATE OF TERMINATION REASON						NUMBER OF LAST COU	COUNCIL COUNCIL LOCATION (CITY, STATE)											
	PRINTED NAME								HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER, CONSTITUTION ND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE HAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS. I AGREE THAT THE KNIGHTS OF OLUMBUS MAY VERIFY THE INFORMATION PROVIDED.										
5	PROPOPER'S MEMBER NU		X																
	K																		
				FINANCIA	L SECK	LIARI						GRAND KI	NIGHT						