



**KNIGHTS OF COLUMBUS**  
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

# Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER _____	COUNCIL LOCATION (CITY, ST/PROV) _____	MEMBERSHIP NUMBER _____	DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____
<b>2</b>	<b>TRANSACTION</b> <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REACTIVATION (inactive insurance)		<input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason _____		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ MO _____ DAY _____ YR _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____	
<b>3</b>	LAST NAME _____		FIRST NAME _____		MIDDLE INITIAL _____ TITLE _____	
STREET _____			CITY _____		ST/PROV _____ POSTAL CODE _____ COUNTRY (OUTSIDE US) _____	
MO _____ DATE OF BIRTH DAY _____ YR _____		MARITAL STATUS _____		HOME PHONE _____		BUSINESS PHONE _____
E-MAIL ADDRESS _____			OCCUPATION/EMPLOYER _____		CELL PHONE _____	
					LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) <b>XXXXX-</b>	
<b>4</b>	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV) _____	
DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES <input type="checkbox"/>	1. FIRST _____	2. SECOND _____
DATE OF TERMINATION _____		REASON _____		NUMBER OF LAST COUNCIL _____		COUNCIL LOCATION (CITY, ST/PROV) _____
<b>5</b>	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER _____ PROPOSER'S MEMBER NUMBER (required) _____			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. <b>X</b> _____ SIGNATURE OF APPLICANT		
DATE _____		<b>X</b> _____ FINANCIAL SECRETARY		<b>X</b> _____ SIGNATURES		GRAND KNIGHT _____

\* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS

**SUPREME OFFICE COPY**

*A copy of this form should be sent to the council agent for his records*

Fill out the Form 100 and have your sponsor fill in his part.  
Turn into the Knights of Columbus Council 1221 at:  
809 E. Main St., New Albany, IN 47150

or Mail to:

Steve Volpert  
Financial Secretay  
4003 Rustic Hills Ct.  
Floyds Knobs, IN 47119