

Form 100 Instructions

1. Save this form to your computer.
2. Fill in the appropriate areas on the form.
3. Enter your name and membership number in the textbox where your signature goes.
4. Save your form after filling it out.
5. Email the form to the next person.

WARNING: do not print this form. If you print this form, sign it, and then scan the result, you will remove all the textboxes and the next person will be unable to fill out their portion of the form.



KNIGHTS OF COLUMBUS
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document
A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

045

1	NEW/RECEIVING COUNCIL NUMBER _____	COUNCIL LOCATION (CITY, ST/PROV) _____	MEMBERSHIP NUMBER _____	DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____
2	TRANSACTION <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 _____	
3	LAST NAME _____ FIRST NAME _____		MIDDLE INITIAL _____		TITLE _____	
STREET _____		CITY _____	ST/PROV _____	POSTAL CODE _____	COUNTRY (OUTSIDE US) _____	
DATE OF BIRTH MO _____ DAY _____ YR _____		MARITAL STATUS _____	HOME PHONE _____		BUSINESS PHONE _____	
E-MAIL ADDRESS _____		OCCUPATION/EMPLOYER _____			CELL PHONE _____	
PARISH NAME, LOCATION (CITY, ST/PROV) _____		FORMER COLUMBIAN SQUIRE? _____		YES _____	NO _____	
4	'ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?' YES _____ NO _____		DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES _____ NO _____		INITIATION 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. 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. _____ SIGNATURE OF APPLICANT		
DATE _____		FINANCIAL SECRETARY _____		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