



**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>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>2</b>	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	CELL PHONE			
<b>3</b>	E-MAIL ADDRESS			OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) <b>XXXXX-</b>		
	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	INITIATION DATES	1. FIRST	2. SECOND	3. THIRD	4. FOURTH	
<b>4</b>	DATE OF TERMINATION		REASON		NUMBER OF LAST COUNCIL	COUNCIL LOCATION (CITY, ST/PROV)		
	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.			
<b>5</b>	PRINTED NAME OF PROPOSER			SIGNATURE OF APPLICANT				
	PROPOSER'S MEMBER NUMBER (required)			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*

You can enter your details (replacing the XXXXs) directly into this form using Adobe Acrobat Reader, or other similar Apps.

If you prefer to download a blank form to fill out by hand, there's a form located here:  
[www.council13525.com/resources/downloads/Form 100 Both Sides\\_Blank.pdf](http://www.council13525.com/resources/downloads/Form%20100%20Both%20Sides_Blank.pdf)

If you prepare an electronic form, please email it to [koc13525@gmail.com](mailto:koc13525@gmail.com)

For a hardcopy form you can do any of the following:

--If you're talking with a member of our local council regarding this application, they can take the form.

--Place the form in the mailbox for the Knights of Columbus that's located in the lobby of the Parish hall.

--Mail the form to:

Knights of Columbus 13525  
17512 LAKESHORE RD  
LUTZ FL 33558



**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 _____ <small>reason</small>		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)		
DATE OF BIRTH MO DAY YR		MARITAL STATUS	HOME PHONE		BUSINESS PHONE		CELL PHONE	
E-MAIL ADDRESS				OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) <b>XXXXX-</b>		
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>4</b>	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES	1. FIRST	2. SECOND	3. THIRD	4. FOURTH
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		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*