



KNIGHTS OF COLUMBUS
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

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 _____ 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	CELL PHONE			
	E-MAIL ADDRESS			OCCUPATION/EMPLOYER	LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) XXXXX-			
4	*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
	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. X _____ 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 ____s) 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

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