



**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 <small>reason</small>		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH <small>MO DAY YR</small> NEXT OF KIN RELATIONSHIP <small>MO DAY YR</small> 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 <small>MO DAY YR</small> MARITAL STATUS HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN)					
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 <input type="checkbox"/> 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 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

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