



# Fourth Degree Membership Document

KNIGHTS OF COLUMBUS – A SOCIETY OF CATHOLIC MEN

1	LAST NAME		FIRST NAME		MIDDLE INITIAL		TITLE			
	STREET			CITY		ST / PROV		POSTAL CODE / COUNTRY		
2	HOME PHONE		DATE OF BIRTH		MARITAL STATUS		1st DEGREE DATE		COUNCIL NO.	
	CITIZEN OF WHAT COUNTRY?				BY BIRTH OR NATURALIZATION?		IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?		YES	
3	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:				ASSEMBLY NUMBER		CITY		ST/PROV.	
	DATE OF INITIATION		DATE OF TERMINATION							

4	REASON FOR TERMINATION			
	PARISH			
	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.			
	SIGNATURE OF APPLICANT		DATE	
	SIGNATURE OF PROPOSER		ASSEMBLY	
	PROPOSER MEMBER NUMBER (REQUIRED)			

ASSEMBLY	NUMBER	CITY	ST/PROV
NEW OR PRESENT			
FORMER			

I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN

COUNCIL NO.	LOCATION
DATE	SIGNATURE OF FINANCIAL SECRETARY

5	FAITHFUL NAVIGATOR	DATE
	FAITHFUL COMPROLLER	DATE

RECEIVED FEES OF \$	DATE
APPLICANT INITIATED AT	DATE
SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY)	

MEMBERSHIP NUMBER	_____
<input type="checkbox"/> NEW MEMBER	
<input type="checkbox"/> RESTORATION	
<input type="checkbox"/> TRANSFER	
<input type="checkbox"/> HONORARY MEMBERSHIP	
<input type="checkbox"/> HONORARY LIFE MEMBERSHIP	
<input type="checkbox"/> DATA CHANGE	
<input type="checkbox"/> SUSPENSION	_____ reason _____
<input type="checkbox"/> DEATH	_____ mo day yr _____