



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 NO	
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 _____
<input type="checkbox"/> DEATH _____