

100 3/15



**KNIGHTS  
OF COLUMBUS**  
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

# Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER <b>8238</b>		COUNCIL LOCATION (CITY, ST/PROV) <b>Yorba Linda, CA</b>		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 _____ 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)	
	MO	DATE OF BIRTH 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>XXXXXX-</b>	
4	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES	NO	PARISH NAME, LOCATION (CITY, ST/PROV)			FORMER COLUMBIAN SQUIRE? YES NO
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST	2. SECOND	3. THIRD	4. FOURTH
	DATE OF TERMINATION		REASON		NUMBER OF LAST COUNCIL		COUNCIL LOCATION (CITY, ST/PROV)	
	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER				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.			
5	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

## Form 100 Instructions

1. Complete the form printing legibly or fill it in using Adobe.
2. If were previously a member, fill-in your member number in the appropriate box.
3. If you have a sponsor, add his name in the appropriate box. We will add the member's number.
4. Sign the form above "Signature of Applicant"
5. Submit the form.
  - Scan to a PDF file and email it to frb325-KC@yahoo.com
  - or leave it at the parish office
  - or mail it to: Knights of Columbus  
19767 Yorba Linda Blvd,  
Yorba Linda, CA 92886.