



FOURTH DEGREE MEMBERSHIP DOCUMENT
KNIGHTS OF COLUMBUS
 A SOCIETY OF CATHOLIC MEN

PRINTED
IN
U.S.A.

4 7/11

| | | | | | | |
|---|------------|----------------------|-----------------------|-----------------|----------------|-----------------------|
| 1 | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | TITLE |
| | STREET | | CITY | | ST / PROV | POSTAL CODE / COUNTRY |
| | HOME PHONE | DATE OF BIRTH / / | MARITAL STATUS S M | 1st DEGREE DATE | COUNCIL NO. | |

| | | | | | |
|---|--------------------------|------------------------------------------------------|----------------------------------------------------------|-----|----|
| 2 | CITIZEN OF WHAT COUNTRY? | BY BIRTH OR NATURALIZATION? Birth Natural-ization | IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED? | YES | NO |
|---|--------------------------|------------------------------------------------------|----------------------------------------------------------|-----|----|

| | | | | | |
|---|--------------------------------------------------------------|-------------|-----------------|------|----------|
| 3 | IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE: | | | | |
| | INITIATION | TERMINATION | ASSEMBLY NUMBER | CITY | ST/PROV. |
| | DATE OF | | | | |

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) _____

5 FAITHFUL NAVIGATOR _____ DATE _____

FAITHFUL COMPTROLLER _____ DATE _____

| 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 _____

MEMBERSHIP NUMBER

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION _____ reason _____

DEATH _____ mo day yr _____

RECEIVED FEES OF \$ _____ DATE _____

APPLICANT INITIATED AT _____ DATE _____

Signature of Master (required for new members only) _____