



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

MEMBERSHIP NUMBER

- NEW MEMBER
- RESTORATION
- TRANSFER
- HONORARY LIFE MEMBERSHIP
- DATA CHANGE
- SUSPENSION _____
reason _____
- DEATH _____
mo day yr _____

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

2	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:				
	INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.
	DATE OF				

4	REASON FOR TERMINATION	ASSEMBLY	NUMBER	CITY	ST/PROV
	PARISH	NEW OR PRESENT	3479	GARDEN GROVE	CA

4	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.	FORMER		
---	--	--------	--	--

7	I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING	
	IN _____	LOCATION _____
	COUNCIL NO. _____	DATE _____
	SIGNATURE OF APPLICANT _____	SIGNATURE OF FINANCIAL SECRETARY _____
	DATE _____	DATE _____

5	FAITHFUL NAVIGATOR _____	DATE _____
	FAITHFUL COMPTROLLER _____	DATE _____

8	RECEIVED FEES OF \$ _____	DATE _____
	APPLICANT INITIATED AT _____	DATE _____
	Signature of Master (required for new members only)	

Supreme Secretary Copy

AS A TRANSFER MEMBER YOU ONLY NEED TO FILL OUT SECTIONS 1 & 2 & 4.

PLEASE PRINT ALL INFORMATION

MEMBERS NAME FOR BADGE: _____

EMAIL ADDRESS: _____

WIFE'S NAME FOR BADGE: _____

WIFE'S BIRTHDAY MONTH: _____ **DAY:** _____

MEMBERSHIP NUMBER: _____

DATE OF FIRST DEGREE: _____

FOR TRANSFER MEMBERS, DATE OF FOURTH DEGREE: _____
CURRENT ASSEMBLY NUMBER: _____

WE ASK FOR A \$15 TRANSFER FEE TO PAY FOR YOUR MEMBERSHIP BADGES AND A DONATION TO THE CHALICE FUND.