



Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER 10627	COUNCIL LOCATION (CITY, ST/PROV) High Bridge, NJ	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE	
2	TRANSACTION <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) XXXXX-		
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) _____			
5	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER _____ PROPOSER'S MEMBER NUMBER (required) _____		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. X _____ SIGNATURE OF APPLICANT				
	X _____ DATE _____ FINANCIAL SECRETARY		X _____ SIGNATURES		GRAND KNIGHT		

* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS

SUPREME OFFICE COPY

Council Supplement: The upper portion of this Membership Document is the Knights of Columbus Admission Form ("Form 100"). The lower portion is for council use. Our council encourages family activities and celebrates the birth dates of our members & their wives and wedding anniversaries, so we ask married men to provide the following supplemental family information:

Wife's First Name _____ Wife's Birthday _____ Marriage Date _____

Children living with you:
 Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Your interests: Please indicate your specific Knights of Columbus programs and activities interests:

Membership (e.g, Recruitment) _____ Church (e.g., ministries): _____ Community: _____ Family Activities: _____
 Youth Programs (e.g., sports, education): _____ Council Support: (e.g, fund raising) _____ Communications-Tech _____ Culture of Life: _____
 Other: _____

The Digital Application is an "interactive PDF" for use by men who want to transfer into or join the Knights of Columbus in St. Joseph Council. The PDF is optimized for entering data using a browser or Adobe Reader software as an alternative to using pen & ink. (If you complete it as a paper form, please enter your information legibly.)

If you download the Digital Application to use its interactive features, before proceeding, please save the PDF with your name followed by AdmissionDocument.pdf, e.g., **YourNameAdmissionDocument.pdf** Open that PDF and enter your data.

The Digital Application does not require your signature. If you submit the Digital Application, you'll be contacted if we need to add your actual signature.

Submission: *The preferred method for submitting this Digital Application is via a PDF attachment to an E-mail addressed to kofc10627membership@gmail.com* (Paper applications can be sent to the council at the address, below.)



St. Joseph Council #10627 59 Main St., High Bridge, New Jersey 08829

www.kofc10627.org

Thank you for your interest in becoming a Knight in our council!