



# Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER <b>10627</b>	COUNCIL LOCATION (CITY, ST/PROV) <b>High Bridge, NJ</b>	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
<b>2</b>	<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 _____	
<b>3</b>	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>	
*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	
<b>4</b>	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) _____		
<b>5</b>	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. <b>X</b> _____ SIGNATURE OF APPLICANT			
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____

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

**SUPREME OFFICE COPY**

**Council Supplement:** The upper portion of this Admission Document is the Knights of Columbus Admission Form ("Form 100"). Since our council encourages family activities and celebrates the birth dates of our members & their wives and wedding anniversaries, 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: \_\_\_\_\_

This form is available from [www.kofc10627.org/join-st-joseph-council.html](http://www.kofc10627.org/join-st-joseph-council.html). It is an "interactive PDF" intended solely 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 decide to fill it out as a paper form, please complete the form legibly.

**Applicants must answer all required questions on the Form 100.** Other fields are optional and some fields are intended only for men who wish to transfer into our council; who were former Knights or intended only for use by the council. "Tooltips" are available when using Adobe Reader software by hovering your cursor over a field.

If you download this PDF to use its digital features, before proceeding, please select "File - Save As" and save the PDF with your name followed by AdmissionDocument.pdf, e.g., **YourNameAdmissionDocument.pdf** Open that PDF and enter your data.

**All applications must be signed by the applicant. Electronic signatures are not permitted.** (If you submit your application electronically, you will be asked to sign the application before it can be finalized.

**Submission:** The preferred method for submitting this Digital Membership Application is via a PDF attachment to an E-mail addressed to [kofc10627membership@gmail.com](mailto: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](http://www.kofc10627.org)

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