



MEMBERSHIP FORM

St. Joseph Council 10627, High Bridge, NJ

Since 1882, membership in the Knights of Columbus has been open to any man 18 years of age or older who is a "Practical" Catholic (i.e., is a **Practicing Catholic** who accepts the teaching authority of the Catholic Church on matters of faith and morals, aspires to live in accord with the precepts of the Catholic Church, and is in good standing in the Catholic Church).

By submitting this form, you attest:

On my honor as a Catholic gentleman, I declare that I meet those requirements.

This MEMBERSHIP FORM is an "interactive PDF" with "fillable fields" for use by men who want to join or transfer into or 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.) **Please complete the following information:**

* **Indicates Required Information**

Title: Mr. ___ Deacon ___ Fr. ___ Rev. ___ Other _____

* **First Name** _____ **Middle Initial** ___ * **Last Name** _____

Suffix: Esq. ___ II ___ III ___ IV ___ Jr. ___ Dr. ___ Sr. ___

* **E-Mail** _____ @ _____ . _____ * **Mobile Phone** (____) ____-____ **Home phone** (____) ____-____

* **Date of Birth** Month _____ Day _____ Year _____

Mailing Address:

* **Address 1** _____ **Address 2** _____

* **Zip Code** _____ * **City** _____ * **State** _____

Your "**Proposer**" (the name of the Knight who invited you to become a Knight) _____

* **Your Marital Status:** Single: ___ Married: ___ Divorced: ___ Widowed: ___

Your **Occupation:** _____

If you are or were a Knight before now or are **currently** a Knight in another council, please provide the:

Council Number _____ **Your Member Number** (if known): _____

St. Joseph 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 family information:

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

Children living you:

Name _____ Age ____	Name _____ Age ____
Name _____ Age ____	Name _____ Age ____

If you download this **Membership Form** to use its interactive features, before proceeding, please save the PDF with your name followed by MembershipForm.pdf, e.g., **YourNameMembershipForm.pdf** Open that PDF and enter & save your data.

Submission: The preferred method for submitting this **Membership Form** 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.)

A **Membership Form** submitted electronically does not require your signature.

If you send us a paper **Membership Form**, please sign here: _____

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