



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

PRINTED
IN
U.S.A.

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					
	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">INITIATION</td> <td style="width:15%;">TERMINATION</td> <td style="width:15%;">ASSEMBLY NUMBER</td> <td style="width:15%;">CITY</td> <td style="width:15%;">ST/PROV.</td> </tr> </table>									INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.
INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.										
3	DATE OF				REASON FOR TERMINATION									
	PARISH				NEW OR PRESENT	ASSEMBLY NUMBER		CITY		ST/PROV				
	FORMER													
4	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)													
I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN _____ COUNCIL NO. _____ LOCATION _____ DATE _____ SIGNATURE OF FINANCIAL SECRETARY _____														
5	FAITHFUL NAVIGATOR _____				DATE _____									
	FAITHFUL COMPTROLLER _____				DATE _____									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">RECEIVED FEES OF \$ _____</td> <td style="width:50%;">DATE _____</td> </tr> <tr> <td>APPLICANT INITIATED AT _____</td> <td>DATE _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <small>(Signature of Master required for new members only)</small></td> </tr> </table>									RECEIVED FEES OF \$ _____	DATE _____	APPLICANT INITIATED AT _____	DATE _____	_____ <small>(Signature of Master required for new members only)</small>	
RECEIVED FEES OF \$ _____	DATE _____													
APPLICANT INITIATED AT _____	DATE _____													
_____ <small>(Signature of Master required for new members only)</small>														

MEMBERSHIP NUMBER

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION _____ reason _____

DEATH _____ mo day yr _____

Supreme Secretary Copy