



Fourth Degree Membership Document

KNIGHTS OF COLUMBUS – A SOCIETY OF CATHOLIC MEN

4 10/20

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

3	DATE OF		REASON FOR TERMINATION	
	PARISH			
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)				

ASSEMBLY	NUMBER	CITY	ST/PROV
NEW OR PRESENT			
FORMER			
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 _____

RECEIVED FEES OF \$ _____	DATE _____
APPLICANT INITIATED AT _____	DATE _____
SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY) _____	

MEMBERSHIP NUMBER _____
<input type="checkbox"/> NEW MEMBER
<input type="checkbox"/> RESTORATION
<input type="checkbox"/> TRANSFER
<input type="checkbox"/> HONORARY MEMBERSHIP
<input type="checkbox"/> HONORARY LIFE MEMBERSHIP
<input type="checkbox"/> DATA CHANGE
<input type="checkbox"/> SUSPENSION _____ reason _____
<input type="checkbox"/> DEATH _____ mo day yr _____

SUPREME SECRETARY COPY