

PLEASE PRINT



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

PRINTED
IN
U.S.A.

4 12/14

1	LAST NAME <input type="text"/> FIRST NAME <input type="text"/> MIDDLE INITIAL <input type="text"/> TITLE <input type="text"/>					MEMBERSHIP NUMBER <input type="text"/>	
	STREET <input type="text"/>		CITY <input type="text"/> ST / PROV <input type="text"/>		POSTAL CODE / COUNTRY <input type="text"/>		
2	HOME PHONE <input type="text"/>	DATE OF BIRTH <input type="text"/>	MARITAL STATUS <input type="text"/>	1st DEGREE DATE <input type="text"/>	COUNCIL NO. <input type="text"/>		
3	CITIZEN OF WHAT COUNTRY? <input type="text"/>		BY BIRTH OR NATURALIZATION? <input type="text"/>	IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED? <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	6	
4	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE: INITIATION <input type="text"/> TERMINATION <input type="text"/> ASSEMBLY NUMBER <input type="text"/> CITY <input type="text"/> ST/PROV. <input type="text"/>						
5	DATE OF <input type="text"/>						
6	REASON FOR TERMINATION <input type="text"/>		ASSEMBLY <input type="text"/>	NUMBER <input type="text"/>	CITY <input type="text"/>	ST/PROV. <input type="text"/>	
7	PARISH <input type="text"/>		NEW OR PRESENT <input type="text"/>				
8	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE. <input type="checkbox"/>		FORMER <input type="text"/>				
I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING							
SIGNATURE OF APPLICANT <input type="text"/>		DATE <input type="text"/>	IN <input type="text"/>	COUNCIL NO. <input type="text"/>	LOCATION <input type="text"/>		
SIGNATURE OF PROPOSER <input type="text"/>		ASSEMBLY <input type="text"/>	DATE <input type="text"/>			SIGNATURE OF FINANCIAL SECRETARY <input type="text"/>	
PROPOSER MEMBER NUMBER (REQUIRED) <input type="text"/>							
5	FAITHFUL NAVIGATOR <input type="text"/>		DATE <input type="text"/>	RECEIVED FEES OF \$ <input type="text"/> DATE <input type="text"/>			
8	FAITHFUL COMPTROLLER <input type="text"/>		DATE <input type="text"/>	APPLICANT INITIATED AT <input type="text"/> DATE <input type="text"/>			
							Signature of Master (required for new members only) <input type="text"/>

Supreme Secretary Copy