

The member and officers' signatures are required for this form to be processed  
Please complete this form legibly

100 3/15



**KNIGHTS OF COLUMBUS®**  
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

# Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER _____		COUNCIL LOCATION (CITY, ST/PROV) _____		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 _____			MO DAY YR 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>XXXXX-</b>		
<b>4</b>	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV) _____			FORMER COLUMBIAN SQUIRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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.				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					
	PRINTED NAME OF PROPOSER _____									
	PROPOSER'S MEMBER NUMBER (required) _____				<b>X</b>					
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____				

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

**SUPREME OFFICE COPY**

*A copy of this form should be sent to the council agent for his records*

## A Knight of Columbus is a Practical Catholic Man

Membership in the Knights of Columbus is open to men 18 years of age or older who are practical (that is; practicing) Catholics in union with the Holy See. This means that an applicant or member 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.

### Reasons to Join the Knights of Columbus

- Join a band of brothers, a network of men in communities around the world dedicated to corporal works of mercy in the service of God and our neighbor.
- Share in the sense of pride all Knights feel in knowing that their Order is second to none in support of our Holy Father, our bishops and priests; in working for our fellow man, and especially those most in need.
- Support your Parish by putting your Catholic faith into action.
- Be a part of the New Evangelization.
- Reach out to meet community needs through programs of charity and service and deepen your faith through volunteerism.
- Give back to your community by putting your principles and ideals into action.
- Work with people who have similar beliefs, values, and interests.
- Uphold Catholic teaching by defending marriage, families and building a culture of life.
- Build and strengthen Catholic fellowship among families.
- Provide for the financial security of our members and their families through our Fraternal Benefits program.

### Important Details Regarding Proper Completion of a Membership Document

To assist in expediting the processing of all Membership Documents, the Supreme Council accepts electronic submission of the paper Form 100 as a alternative to submitting the form via mail. **Note, that due to variations in fax machines, fax copies are not acceptable, since most are illegible.**

When sending Form 100's to the Supreme Council keep in mind the following:

- Forward only after the member has received his degree;
- Ensure the Form 100 is completed fully and legibly by the member, including member's name, address, birth date and **signature**;
- Both grand knight and financial secretary **signatures are required**
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**membership@kofc.org**  
**membershiprecords@kofc.org**

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<b>3</b>	LAST NAME _____		FIRST NAME _____		MIDDLE INITIAL _____		TITLE _____		
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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>XXXXX-</b>		
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV) _____			FORMER COLUMBIAN SQUIRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES <input type="checkbox"/>	1. FIRST _____	2. SECOND _____	3. THIRD _____	4. FOURTH _____	
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DATE _____		<b>X</b> _____		FINANCIAL SECRETARY		<b>X</b> _____		SIGNATURES	
								GRAND KNIGHT	

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GENERAL AGENT COPY

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- Be a part of the New Evangelization.
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