



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

Email Address _____

PRINTED
IN
U.S.A.

4 12/14

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:				

3	INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.
	DATE OF				

4	REASON FOR TERMINATION
	PARISH

ASSEMBLY	NUMBER	CITY	ST/PROV
NEW OR PRESENT			
FORMER			

5	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 _____	LOCATION _____
COUNCIL NO. _____	
DATE _____	SIGNATURE OF FINANCIAL SECRETARY _____

5	FAITHFUL NAVIGATOR _____	DATE _____
	FAITHFUL COMPROLLER _____	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 _____