



Fourth Degree Membership Document

KNIGHTS OF COLUMBUS – A SOCIETY OF CATHOLIC MEN

| | | | | | | | | | | | | |
|----------|--|--|------------------------|-----------------------------|---|---|-----------------|----------------------------------|-------------|----------|---------|--|
| 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: INITIATION | | | TERMINATION | | ASSEMBLY NUMBER | | CITY | | ST/PROV. | | |
| 3 | DATE OF | | REASON FOR TERMINATION | | ASSEMBLY | | NUMBER | | CITY | | ST/PROV | |
| | PARISH | | | | NEW OR PRESENT | | | | | | | |
| | | | | | 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 | | I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN | | | | | | |
| | SIGNATURE OF PROPOSER | | | ASSEMBLY | | COUNCIL NO. | | LOCATION | | | | |
| | PROPOSER MEMBER NUMBER (REQUIRED) | | | | | DATE | | SIGNATURE OF FINANCIAL SECRETARY | | | | |
| 5 | FAITHFUL NAVIGATOR _____ DATE _____ | | | | | RECEIVED FEES OF \$ _____ DATE _____ | | | | | | |
| | FAITHFUL COMPTROLLER _____ DATE _____ | | | | | APPLICANT INITIATED AT _____ DATE _____ | | | | | | |
| | | | | | SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY) _____ | | | | | | | |

MEMBERSHIP NUMBER _____

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION _____ reason _____

DEATH _____ mo day yr _____

SUPREME SECRETARY COPY

Please See Instructions on Next Page

Instructions for Using Fillable Form 4

Fill in Form Using Browser or Application:

Membership Number: (can be found on Third degree membership Card)

Full Name: Last, First and Middle Initial (if you have one)

Address: Street, City, State and Zip Code

Phone Number: Either Cell Phone Or Home Phone Number

Date of Birth:

Marital Status:

1st Degree Date:

Council Number:

Citizen of What Country: (Birth or Naturalization and if Papers are Final and have they been received)

Parish:

Assembly Number:

Assembly City:

Assembly State:

After Printing the filled out form:

You Must Sign The Form and Date it.

Have your Proposer Sign with Assembly Number and Proposer Member Membership Number

You Must get your Financial Secretary to Sign the form (Best Advice,

The Form Should be Sent to The Assembly for Signature of the Faithful Navigator and Faithful Comptroller and dated by them.

If you have any problems contact Either

District Master: Dale Korson

District Comptroller: Bob Godi 1-989-737-1731

District Web Master: Zane Rice 1-616-813-0044