



# 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		
	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
3	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:				ASSEMBLY NUMBER		CITY		ST/PROV.
	INITIATION		TERMINATION						
	DATE OF								
REASON FOR TERMINATION					ASSEMBLY		NUMBER		CITY
									ST/PROV.
4	PARISH					NEW OR PRESENT			
						FORMER			
	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.					I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN			
	SIGNATURE OF APPLICANT		DATE		COUNCIL NO.		LOCATION		
	SIGNATURE OF PROPOSER		ASSEMBLY		DATE		SIGNATURE OF FINANCIAL SECRETARY		
PROPOSER MEMBER NUMBER (REQUIRED)									
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

6

7

8

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Veteran:  
Active Service:  
First Responder:

**SUPREME SECRETARY COPY**