



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

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
2	TRANSACTION <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		PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____	
3	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) XXXXX-					
4	*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 _____ DATE OF TERMINATION _____ REASON _____ NUMBER OF LAST COUNCIL _____ COUNCIL LOCATION (CITY, ST/PROV) _____					
5	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER _____ PROPOSER'S MEMBER NUMBER (required) _____					
			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. X _____ SIGNATURE OF APPLICANT			
			X _____ 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



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Info for and about Form 100 as of (October 6, 2022)

- 1- Simply print this form, fill it out and get all the signatures required
- 2- Once signed, it will need to be scanned to create an electronic copy that will need to be sent to the Supreme (membership@kofc.org) with cc: to state.deputy@california.org, your Chapter President, and District Deputy.

***** **To Order Form 100 from Supreme** *****

- 1- Logon to your Supreme account. Typically this will be the GK or FS, but if you have an account this will work for you.

- 2- Click on the "Supplies Online:"

- 3- Type in 100E for English or 100S for Spanish in the search text field and click on the search button.

Note: Once you have your supply of Form 100s you will still need to fill our, get all the signatures required and scan the completed form 100 to send out as described above.