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Please Type Or Print In Ink



COLUMBIAN SQUIRES MEMBERSHIP DOCUMENT

THE OFFICIAL YOUTH ORGANIZATION OF THE KNIGHTS OF COLUMBUS

1	CIRCLE NUMBER	CIRCLE LOCATION	TRANSACTION CHECK <input type="checkbox"/> NEW SQUIRE ONE <input type="checkbox"/> RE-ENTRY BOX <input type="checkbox"/> TRANSFER IN Number of former circle _____				<input type="checkbox"/> SUSPENSION <input type="checkbox"/> WITHDRAWAL <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> DEATH _____ Date	MEMBER NUMBER	
	LAST NAME		FIRST NAME	INITIAL	DATE OF BIRTH MO. DAY YR.	TAX IDENTIFICATION # (E.G., SOCIAL SECURITY/SOCIAL INSURANCE)			
2	NUMBER AND STREET			CITY		ST/PROV			
	POSTAL CODE	COUNTRY (OUTSIDE OF US/CANADA)		E-MAIL ADDRESS		AREA CODE - TELEPHONE NUMBER			
3	ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO	NAME OF PARISH					
4	I hereby recommend the above applicant for membership in the Columbian Squires.			I agree that the laws, rules and regulations of the Columbian Squires, now or in the future, shall be binding on me during the period of my membership therein.			I hereby approve membership in the Columbian Squires for		
	SIGNATURE OF PROPOSER			SIGNATURE OF APPLICANT			PRINT NAME OF APPLICANT		
PROPOSER MEMBERSHIP NUMBER			DATE			SIGNATURE OF PARENT/GUARDIAN			
DATE			CHIEF COUNSELOR			DATE			
SIGNATURES			CHIEF SQUIRE			DATE OF INVESTITURE			