

Form 4 Instructions

1. Save this form to your computer.
2. Fill in the appropriate areas on the form.
3. Enter your name and membership number in the textbox where your signature goes.
4. Save your form after filling it out.
5. Email the form to the next person.

WARNING: do not print this form. If you print this form, sign it, and then scan the result, you will remove all the textboxes and the next person will be unable to fill out their portion of the form.

PLEASE PRINT



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

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: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">INITIATION</td> <td style="width:20%;">TERMINATION</td> <td style="width:20%;">ASSEMBLY NUMBER</td> <td style="width:20%;">CITY</td> <td style="width:20%;">ST/PROV.</td> </tr> </table>									INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.				
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.			I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING														
				SIGNATURE OF APPLICANT			DATE			IN _____			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

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