

Spouses Name:



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.		CITIZEN OF WHAT COUNTRY?		BY BIRTH OR NATURALIZATION?		IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?		YES	NO	
2	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:		INITIATION		TERMINATION		ASSEMBLY NUMBER		CITY	ST/PROV.
	DATE OF		REASON FOR TERMINATION		PARISH		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		SIGNATURE OF PROPOSER		ASSEMBLY		PROPOSER MEMBER NUMBER (REQUIRED)	
3	ASSEMBLY		NUMBER		CITY		ST/PROV		NEW OR PRESENT	
	FORMER		COUNCIL NO.		LOCATION		DATE		SIGNATURE OF FINANCIAL SECRETARY	
	RECEIVED FEES OF \$		DATE		APPLICANT INITIATED AT		DATE		SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY)	
4	FAITHFUL NAVIGATOR		DATE		FAITHFUL COMPTROLLER		DATE		SUPREME SECRETARY COPY	
	COUNCIL NO.		LOCATION		DATE		SIGNATURE OF FINANCIAL SECRETARY		RECEIVED FEES OF \$	
	APPLICANT INITIATED AT		DATE		SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY)		RECEIVED FEES OF \$		DATE	
5	MEMBERSHIP NUMBER		NEW MEMBER		RESTORATION		TRANSFER		HONORARY MEMBERSHIP	
	HONORARY LIFE MEMBERSHIP		DATA CHANGE		SUSPENSION		DEATH		reason	
	mo		day		yr		CITY		ST/PROV	
6	CITY		ST/PROV		NEW OR PRESENT		FORMER		COUNCIL NO.	
	LOCATION		DATE		SIGNATURE OF FINANCIAL SECRETARY		RECEIVED FEES OF \$		DATE	
	APPLICANT INITIATED AT		DATE		SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY)		RECEIVED FEES OF \$		DATE	
7	FAITHFUL NAVIGATOR		DATE		FAITHFUL COMPTROLLER		DATE		SUPREME SECRETARY COPY	
	COUNCIL NO.		LOCATION		DATE		SIGNATURE OF FINANCIAL SECRETARY		RECEIVED FEES OF \$	
	APPLICANT INITIATED AT		DATE		SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY)		RECEIVED FEES OF \$		DATE	
8	MEMBERSHIP NUMBER		NEW MEMBER		RESTORATION		TRANSFER		HONORARY MEMBERSHIP	
	HONORARY LIFE MEMBERSHIP		DATA CHANGE		SUSPENSION		DEATH		reason	
	mo		day		yr		CITY		ST/PROV	

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: Chris Dodson 330-284-6904

District Executive Director: Ty Tyjewski 440-867-4503

Advisor to the Master: Brandon D. Robinson, FM 216-374-2682