



Auxiliary Name _____
 Address _____
 City/State/Zip Code _____
 Council Number _____
 ID Number _____

NEW MEMBER APPLICATION

PLEASE PRINT LEGIBLY

<input checked="" type="checkbox"/> Miss or Mrs.	Last Name	First Name	Initial	Area Code/Telephone #
Street		Apt. No.		City
State or Province		Country or Zip Code		E-Mail Address
Are You a Practical Catholic		Yes _____ No _____		Name of Parish
Previous Columbiette Affiliation		Yes _____ No _____		DEGREES RECEIVED AND DATES
Name of Last Auxiliary		Location		City
Date of Withdrawal/Suspension		Reason:		
Date of Transfer:		Reason:		

I hereby certify on my honor as a Columbiette/ Third Degree Knight of Columbus that I am acquainted with the above applicant, that I know her to be a practical Catholic and that I endorse her as desirable and worthy of membership in the Columbiettes. I believe her statements in this application to be true.

Proposer's Signature _____

I DO FURTHER DECLARE AND AGREE:

- a. That I have read this application in its entirety and am fully acquainted with its contents and that each and every statement and answer by me made herein is true, and that the Charter, Constitution and Laws of the Columbiettes, hereinafter called the Order, and of any Auxiliary thereof of which I may at any time be a member, which are now in force or which may at any time hereafter be duly made or enacted, shall be binding upon me.
- b. That the decision of the Board of Directors of the Order, or their successors in office, shall control in all matters of dispute between the Order or any Auxiliary or any officer or member thereof and myself relative to membership or the obligations of membership.

Signature of Applicant _____

AUXILIARY SECTION

- NEW MEMBER**
(Date of First Degree Must Be Included)
- TRANSFER**
(Date of Degrees Must Be Included)
- REINSTATEMENT (WITHIN ONE YEAR)**
(Date of Degrees Must Be Included)
- READMISSION (AFTER ONE YEAR)**
(Date of Degrees Must Be Included)

DATE

FINANCIAL SECRETARY

(SIGNATURES)

PRESIDENT