	KNIC		OI	SHIP DOCU F COL		BUS				MEMBERSHIP NUMBER	4	
3	LAST NAME	FIRST NAME		MIDDL	E INITIAL		TITL	E		□ NEW MEMBER □ RESTORATION	ì	
1	STREET CITY			ST / PROV		POSTAL CODE / COUNTRY				☐ TRANSFER		
	HOME PHONE DATE OF BIRT		OF BIRTH	H MARITAL STATUS		1st DEGREE DATE	COUNCIL NO.		HONORARY LIFE MEMBERSHIP HONORARY LIFE MEMBERSHIP			
2	CITIZEN OF WHAT COUNTRY? BY B			RTH OR NATURALIZATION?		IF NATURALIZATI HAVE FINAL PAP BEEN RECEIVED	ERS	YES	NO	☐ DATA CHANGE ☐ SUSPENSION		
3 4	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH D INITIATION TERMINATION DATE OF			EGREE, GIVE: ASSEMBLY NUMBER CITY ST/PROV.					PROV.	reason DEATH	The second second	
	REASON FOR TERMINATION			ASSEMBLY	NUMBER				CITY ST/PROV			
	PARISH			NEW OR PRESENT								
	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE. SIGNATURE OF APPLICANT DATE			FORMER								
				I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN								
	SIGNATURE OF PROPOSER ASSEMBLY		COUNCIL NO.					LOCATION				
	PROPOSER MEMBER NUMBER (REQUIRED)			DATE					SIGNATURE OF FINANCIAL SECRETARY	1		
5	FAITHFUL NAVIGATORFAITHFUL COMPTROLLER	DATE			RECEIVED FEES OF \$APPLICANT INITIATED AT			DATE				

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