

Knights of Columbus



**South and South Suburban Grand Knights
and Past Grand Knights Club**

Meets The Last Wednesday of Each Month

Application for Membership

Applicant's Name _____

Address _____

City, State, Zip _____

Telephone _____

Spouse Name _____

Name of Council _____ Council # _____

Name of your home Parish _____

Location _____

4th Degree Yes _____ Assembly Name _____

No _____

I hereby accept the privilege of membership and do hereby pledge to continue the support of the Charitable Ideals of the Knights of Columbus and the "South & South Suburban Grand Knights Past Grand Knights Club"

Membership # _____ Signed _____

Date _____