



GENERAL APPLICATION

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

PLEASE PRINT LEGIBLY

Miss or Mrs. Last Name First Name Initial Area Code/Telephone #

Street Apt. No. City

State or Province County or Zip Code E-mail Address

Are You a Practical Catholic Yes ___ No ___ Name of Parish

DEGREES RECEIVED AND DATES

Previous Columbiette Affiliation Yes ___ No ___

* FIRST DEGREE (DATE):

* MAJOR DEGREE (DATE):

Name of Last Auxiliary Location City State or Province

Date of Withdrawal/Suspension Reason:

Date of Transfer Reason:

I DO FURTHER DECLARE AND AGREE:

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.

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.

Proposer's Signature _____

Signature of Applicant _____

DATE

FINANCIAL SECRETARY

(SIGNATURES)

PRESIDENT

A100 7/10

AUXILIARY SECTION

- * ☐ NEW MEMBER
(Date of First Degree Must Be Included)
- * ☐ TRANSFER
(Dates of Degrees Must Be Included)
- * ☐ REINSTATEMENT (WITHIN ONE YEAR)
(Dates of Degrees Must Be Included)
- * ☐ READMISSION (AFTER ONE YEAR)
(Dates of Degrees Must Be Included)
- * ☐ HONORARY LIFE MEMBERSHIP
(Dates of Degrees Must Be Included)
- * ☐ WITHDRAWAL CARD
(Dates of Degrees Must Be Included)
- ☐ DEATH _____
DATE

☐ CHANGE OF NAME
Former Name _____

☐ CHANGE OF ADDRESS
Former Address _____

☐ PRESENTLY SERVING AS: DISTRICT DEPUTY
OR OFFICER AUXILIARY, CHAPTER, STATE _____

PERTAINING TO TRANSFERS ONLY

Date of Transfer _____

President Of New Auxiliary Financial Secretary

Rec'd _____

Computer _____

Batch # _____

Filed By _____