



GENERAL APPLICATION

PLEASE PRINT LEGIBLY

Auxiliary Name: _____
City, State, Zip Code: _____
Auxiliary Number: _____ **ID Number:** _____
Chapter: _____

_____		_____		_____		_____	
First Name	Middle Initial	Last Name	Area Code/Telephone #				
_____		_____		_____		_____	
Street		Apt. No.	City				
_____		_____		_____			
State or Province	Country or Zip Code	Email Address:					
_____		_____		_____			
Are You a Practical Catholic	Yes _____	No _____	INITIATION CEREMONY		_____		
					(DATE)		
Previous Columbiette Affiliation	Yes _____	No _____					
Name of Last Auxiliary	Location		City	State or Province			
_____		_____		_____			
Date of Withdrawal/Suspension		Reason:					
_____		_____					
Date of Transfer							

I have received a copy of the Columbiette Code of Conduct. I have read and understand the Code, and I agree to comply with the Code.

Signature of Applicant _____

I hereby certify on my honor as a Columbiette/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 _____

DATE **FINANCIAL SECRETARY** **SIGNATURES** **PRESIDENT**

AUXILIARY SECTION

- NEW MEMBER**
(Date of Initiation Must Be Included)
- TRANSFER**
(Date of Initiation Must Be Included)
- REINSTATEMENT (Within One Year)**
(Date of Initiation Must Be Included)
- READMISSION (After One Year)**
- WITHDRAWAL CARD**
- DEATH** _____
Date
- CHANGE OF NAME**
Former Name
- _____
- CHANGE OF ADDRESS**
Former Address
- _____
- _____