



GENERAL APPLICATION

Auxiliary Name: _____

City, State, Zip Code: _____

Auxiliary Number: _____ **ID Number:** _____

Chapter: _____

PLEASE PRINT LEGIBLY

First Name Middle Initial Last Name Area Code/Telephone #

Street Apt. No. City

State or Province 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

