



**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 \_\_\_\_\_ DATE OF COLUMBIETTE DEGREES :

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

Signature of Applicant \_\_\_\_\_

I hereby certify on my honor as a Columbiette/3<sup>rd</sup> 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.

Proposer's  
Signature \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCIAL SECRETARY

\_\_\_\_\_  
SIGNATURES

\_\_\_\_\_  
PRESIDENT

**AUXILIARY SECTION**

NEW MEMBER  
(Date of First Degree Must Be Included)

TRANSFER  
(Date of Degrees Must Be Included)

REINSTATEMENT (Within One Year)  
(Date of Degrees Must Be Included)

READMISSION (After One Year)  
(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  
\_\_\_\_\_  
\_\_\_\_\_

**PERTAINING TO TRANSFERS ONLY**

DATE OF TRANSFER  
\_\_\_\_\_

\_\_\_\_\_  
President Financial Secretary  
Of New Auxiliary