



**KNIGHTS OF COLUMBUS
LADIES AUXILIARY MEMBERSHIP APPLICATION**

DATE _____ COUNCIL # _____ COUNCIL NAME _____

APPLICANT NAME _____

ADDRESS _____

PHONE NUMBER _____ WORK NUMBER _____

AFFILIATE KNIGHT _____

RELATIONSHIP TO KNIGHT _____

BIRTHDAY _____ ANNIVERSARY DATE _____

TIME AND TALENT SURVEY

WHEN IS THE BEST TIME TO CALL YOU? _____

OCCUPATION _____

INTERESTS _____

HOBBIES _____

TALENTS _____
