	Allentown, 610-432-0			
2024	Active Mem	bership Ap	plication	
			ip in the Knights of (	
(Membership applications		<u>e monthly meet</u> Jes Schedule	-	sday of the month.) Check On
Non- K of C			5.00 Card Fee =	
			+ \$5.00 Card fe	
PLEASE PRINT LEGIBLY:				
Name	First		Last	<u> </u>
Address				
 City				
			Date of Birth	
		City		
E-MAIL				
Employer Name		_ Occupation_		
Employer Telephone #		Contact Perso	on	
Have you ever been fined, su	spended or expelled	d from any orga	nization? Yes N	0
If yes why? :				
Do you work for the State of	Pennsylvania? Yes	No PL	CB? Yes No	
If Yes Explain				
List of Clubs or Social Organiz	ations you belong t	o:		
I certify that this information is	true and complete to	o the best of my	knowledge.	
Applicant's Signature			Date	
Referring Member:				
Sponsoring Active Member:				
		st be an Active		
			_ Date	
Sponsor's Signature				