

# **Columbian Home of Allentown, Inc.**

1519 W. Greenleaf St.  
Allentown, PA 18102  
610-432-6333

## **2024 Associate Membership Application**

**(Columbian Home Membership is not a membership in the Knights of Columbus)**  
**(Applications are reviewed at the monthly meetings on the third Tuesday of each month)**

**2024 Dues – \$20.00 + Card Fee \$5.00 = Total \$25.00**

### **PLEASE PRINT LEGIBLY:**

Name \_\_\_\_\_  
  First  MI  Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Required)

E-MAIL \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Telephone # \_\_\_\_\_ Contact Person \_\_\_\_\_

Have you ever been fined, suspended or expelled from any organization? Yes \_\_\_ No \_\_\_

If yes why? : \_\_\_\_\_

Do you work for the State of Pennsylvania? Yes \_\_\_ No \_\_\_ , LCB? Yes \_\_\_ No \_\_\_

If Yes Explain \_\_\_\_\_

List of Clubs or Social Organizations you belong to: \_\_\_\_\_  
\_\_\_\_\_

**I certify that this information is true and complete to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Referring Member: \_\_\_\_\_

Sponsoring Active Member: Print \_\_\_\_\_ Member # \_\_\_\_\_  
(Sponsor must be an Active member)

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY:

Paid _____	Read @ Gen. Mtg. _____	@ Board Mtg. _____
Processed _____	Membership No. _____	Doors No. _____