

Grand Knights, on presentation and balloting, shall read such statements in this application as are connected with or qualified by written insertion, also the proposer's certificate. Applicants for Membership must be eighteen (18) years of age.

APPLICATION FOR MEMBERSHIP
IN THE
KNIGHTS OF PETER CLAVER
(APPLICATIONS MUST BE FILLED OUT IN INK — *Print or type*)

1. I, _____ Address _____
City or Town of _____ State of _____ Zip Code _____
Telephone # _____ hereby apply for membership in the Knights of Peter Claver
through _____ Council No _____, and do declare and say:
(name of Council)

2. That I was born in the City or Town of _____, State of _____
on the _____ day of _____ in the year 19 _____ and I am now _____ years of age.

3. That I am married, single or a widower (state which) _____

4. That I am a practical Roman Catholic and usually attend _____
Church of the above City or Town. (Name of Church)

5. That I will remain and continue a practical Roman Catholic or, failing so to do, forfeit my membership in said Knights of Peter Claver.

6. That I have never been a member or proposed as a member of any Council of said Knights of Peter Claver. (If a member before, state when and where, and how connection severed. If proposed before, state when and where, and what result.) _____

7. That my occupation is _____ My employer's business is _____
My duties in such occupation are _____

8. That forfeiture of membership as set forth herein or in the laws of said Knights of Peter Claver shall include forfeiture of all rights, claims or advantages connected therewith, including insurance, if any, and also all moneys paid by me to the Knights of Peter Claver or any Council thereof.

9. That I will conform to and abide by the Constitution, By-Laws, Rules and Regulations of said Knights of Peter Claver, and of any Council thereof, of which I may at any time be a member, which may now be in force, or which may at any time hereafter be adopted by the proper authorities, or submit to the penalty now or hereafter provided for the breach or violation of such Constitution, By-Laws, Rules and Regulations.

10. That I will abide by the decision of the Board of Directors of said Knights of Peter Claver, or their successors, in all matters of difference or dispute between said Knights of Peter Claver, or any Council thereof, and myself, relative to membership or the obligations thereof. And I hereby waive and surrender any right which I may or might otherwise have, to bring, institute and prosecute any suit against said Knights of Peter Claver, or any Council thereof, in any Court of Law, or Equity, in this or any other state in the United States, or any other country.

11. In consideration of the privilege of making this application and of being admitted to membership in said Knights of Peter Claver or any Council thereof, I do hereby warrant each and every statement by me made in the foregoing application to be true, and agree, that if at any time it shall be shown that any of such statements in this application be not true, I shall thereby forfeit all rights to membership in said Knights of Peter Claver.

12. Full death benefits will be paid for any and all deaths occurring within the Continental United States to the beneficiary or beneficiaries of any soldier, sailor, aviator or any member of the armed forces of this or any other country who is a financial member of the Order at the time of his death.

13. Beneficiary—Mr., Mrs., Miss _____
Relationship _____

QUESTIONS TO BE ANSWERED BY THE APPLICANT

(a) Have you complied with your Easter duty at the Easter time, previous to this application, as required by the law of the Church? _____

(b) If not, have you since received Holy Communion?
(Unless an unqualified affirmative answer is given to one of the above questions this application cannot be considered.)

(c) Were you a member of any secret organization other than the Knights of Peter Claver? If so, state fully name and so forth _____

14. I hereby give as references the following two members of the K. of P. C. of this City or State:

Name _____ Address _____

Name _____ Address _____

My residence before the one hereinbefore stated was:

No. _____ Street _____, _____
(city) (state)

In signing my name hereto I certify that I have read this application and am fully acquainted with its contents.

Signed by me this _____ day of _____, 19 _____.

(Signature of Applicant)

Council No. _____

(Pastor's Signature)

(Name of Council)

KNIGHTS OF PETER CLAVER PROPOSER'S CERTIFICATE

I, the undersigned, proposer of the above applicant, hereby certify on my honor as a member of the Knights of Peter Claver, that I have known said applicant for _____ years, and know him to be a practical Roman Catholic. That I have read the foregoing application and believe that all statements contained therein are true, and do not know anything to the contrary. I hereby give my unqualified endorsement of said applicant as a fit and desirable member of the Knights of Peter Claver, and eligible by occupation and otherwise under the laws and rules of the Knights of Peter Claver for membership therein.

(Signature of Proposer)

For Use Only of National Office

Cert. No. _____

Amount of Benefits \$ _____

To Be Filled Out By Local Secretary

Application for Membership of

(Name of Member)

Obligated _____ 19 _____
Month Day

Initiated _____ 19 _____
Month Day

Reinstated _____ 19 _____
Month Day

Age _____

Beneficiary — Mr., Mrs., Miss

Relationship _____

Knights of Peter Claver

(Name of Council)

Council No. _____

(Signature of Secretary)

I certify that this application has been presented and read by me at a regular meeting of my Council, and the same.

* _____
("Insert "approved" or "rejected" as the case may be.)

(Signature of the G.K.)

DEATH BENEFITS

Effective September 1, 1997

Age	Benefit
18 through 30.....	\$2,500.00
31 through 35.....	\$2,087.00
36 through 40.....	\$1,900.00
41 through 45.....	\$1,712.00
46 through 50.....	\$1,600.00
51 through 55.....	\$1,450.00
56 and Older	\$1,225.00