

► NOTICE - 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 seven (7) and not over seventeen (17) years of age. All members shall be transferred to the Senior Division at the age of eighteen (18).

APPLICATION FOR MEMBERSHIP IN THE KNIGHTS OF PETER CLAVER
DIVISION OF JUNIOR KNIGHTS (*APPLICATIONS MUST BE FILLED OUT IN INK*)

1. I, _____ Address _____
City or Town of _____ State of _____ Zip Code _____
hereby apply for membership in the Junior Knights through _____
Branch No. _____, and do declare and say: _____
(Name of Branch)
2. That I was born in the City or Town of _____, State of _____
on the _____ day of _____ in the year _____ and I am now _____ years of age.
3. Father's and Mother's name _____
4. That I am a practical Roman Catholic and usually attend _____
(Name of Church)
5. That I will remain and continue a practical Roman Catholic or, failing so to do, forfeit my membership in said Junior Knights of Peter Claver.
6. That I have never been a member or proposed as a member of any Branch of said Junior Knights of Peter Claver. If a
7. I attend school or my occupation is _____ My employer's business is _____
My duties in such occupation are _____
8. That I will conform to and abide by the Constitution, By-Laws, Rules and Regulations of said Junior Knights of any Branch 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.
9. 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 Junior Knights of Peter Claver, or any Branch 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 Junior Knights or any Branch thereof, in any Court of Law, or Equity, in this or any other state in the United States, or any other country.
10. In consideration of the privilege of making this application and of being admitted to membership in _____

11. Beneficiary _____
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? _____ 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.)** _____

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) (zip code)

~~Signature of Applicant~~
~~Signature of Applicant~~ I have read this application and maintained with its contents. Signature of _____

Parent or Guardian _____

Signature of Applicant _____

(Name of Branch)

Junior Branch No. _____

PROPOSER'S CERTIFICATE

I, the undersigned proposer of the above applicant, hereby certify on my honor as a member of the Junior 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 Junior Knights of Peter Claver and eligible by occupation and otherwise under the laws and rules of the Knights of Peter Claver, Inc. for membership therein.

(Signature of Proposer)

Certificate No. _____

**Application
for
Membership
of**

(Name of Member)

Initiated _____ 20 ____
Month Day

Reinstated _____ 20 ____
Month Day

Age _____

Beneficiary – Mr., Mrs., Miss

Relationship _____

KNIGHTS OF PETER CLAVER

(Name of Branch)

Jr. Branch No. _____

(Signature of Secretary)

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

*

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

(Signature of the Commander)