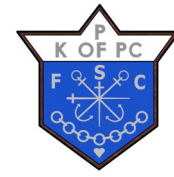


KNIGHTS OF PETER CLAVER INC.

MEMBERSHIP APPLICATION



Membership Type: New Reinstated Transfer from Unit (Number/City) _____ / _____

_____ Male
 Last Name/Surname First Name Middle Name Female

_____ / _____ / _____
 Address Date of Birth

_____ Male
 City State/Province County ZIP/Postal Code Female

_____ Male
 Home Phone Mobile Phone Work Phone Female

_____ Male
 Email Address Female

_____ Male
 Occupation Employer Title Female

_____ Male
 Marital Status (Single, Married, Widow (er)) Place of Birth (City, State or Country) Female

_____ Male
 Name of Parish Female

Consistent with my desire to seek membership, I do solemnly state that I am a practicing Catholic and will remain one. Failing to do so will forfeit my membership in the Knights of Peter Claver. 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 and also all monies paid by me to the Knights of Peter Claver.

I will conform to and abide by the Constitution, (By-Laws), Rules and Regulations of said Knights of Peter Claver thereof, of which I may at any time be a members, 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.

I will abide by the decision of the Board of Directors of said Knights of Peter Claver their successors, in all matters of difference or dispute between said Knights of Peter Claver, 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 in any Court of Law, or Equity, in this or any other state in the United States, or any other country.

In consideration of the privilege of making this application and of being admitted to membership in said Knights of Peter Claver, 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.

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/her death.

Beneficiary: _____

Relationship: _____

I, the undersigned applicant, have complied with my Easter duty (received Communion) at Easter time, previous to this application, as required by the law of the Church. (Unless an unqualified affirmative answer is given to the above question this application cannot be considered.)

 Signature of Applicant

 Date

By my signature below, I certify that this individual is a practicing Catholic and meets the criteria for membership in the Knights of Peter Claver. **Knowingly presenting false information in an application for insurance is a crime and you may be subject to fines and confinement in prison. Laws in your specific state may be found by going to www.kofpc.org/fraudpolicy**

 Pastor Signature Date Church

Applicant Last Name/Surname

First Name

Middle Name

Sponsor Unit Name

Unit Number

District

MEMBERSHIP BENEFITS

KPC members support the mission of the Knights of Peter Claver to render services to God and his Holy Church and to recognize the fatherhood of God and the brotherhood of man, particularly as these attributes are defined in the spiritual and corporal works of mercy...a mission that benefits Christians and non-Christians in the Order. Through its units, KPC helps promote charity in the community and beyond. By recognizing that what you do does make a difference, you are stimulated into service and are a model of Catholicism in your family. Accomplishments are enjoyed more when shared with others.

INSURANCE

The following table applies to insured members in the states of Alabama, Louisiana, Maryland, Nebraska, Oklahoma, Pennsylvania, South Carolina, Texas, Virginia and the District of Columbia.

The death benefit amount in all other states not listed above is **\$2,000** regardless of age.

<u>Age</u>	<u>Benefits</u>
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

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 them to be a practicing 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, Inc. for membership therein.

Signature of Proposer

I certify that this application has been presented and read by me at a regular meeting of my Unit, and the same _____
(approved or rejected as the case may be)

Signature of Grand Knight/Grand Lady

Unit Number Date



FOR USE BY NATIONAL OFFICE ONLY

Certificate Number: _____

Amount of Benefits \$ _____

Date application received: _____

Processed by: _____

KNIGHTS OF PETER CLAVER INC.
1825 Orleans Avenue
New Orleans, LA 70116
(504) 821-5225
www.kofpc.org

Initiated Date: _____

Reinstatement Date: _____

Age at time of initiation/reinstatement: _____

_____ Initial Line (Beneficiary information has been verified to be over the age of 21 years)

Signature of Financial Secretary

Unit Number Date