

ILLINOIS STATE COUNCIL KNIGHTS OF COLUMBUS
LADIES AUXILIARY
MARY'S MILLENNIUM COUNCIL #12801
MEMBERSHIP APPLICATION



Name _____
Address _____
City & State _____ ZIP _____
Phone # _____ Cell Phone # _____
E-Mail Address _____ Date of Birth _____
Preferred method of contact? _____

Occupation _____

Circle one: Married, Single, Widowed, Other _____

If Married, Spouse's name: _____

Have you had experience in leadership in another organization? _____

What positions did you hold in that organization? _____

What organizations do you belong to at present? _____

Church: _____

Fraternal: _____

Civic: _____

What are some of your hobbies? _____

What motivated you to join the Ladies Auxiliary? _____

Applicant's signature: _____ Date: _____

Name as to be printed on Name badge: _____

Please Print

Dues: **\$24.00**

Please make checks payable to **K of C Ladies Auxiliary Council #12801** and return to our Treasurer: Pat Bitz, 604 E. Stream wood Blvd, Stream wood, IL 60107"