

APPLICATION FOR MEMBERSHIP



FMMUGC ORDER OF THE KNIGHTS OF PYTHAGORAS



Please Print Clearly

Date of Application _____ Name _____ Age _____

Partitions _____ Council No. _____ For Membership.

My Birth Date: _____ My Address is: _____

City: _____ Zip Code: _____ Phone: _____

Church Affiliation: _____

School: _____ Grade: _____

Beret Size: _____ Application Signature: _____

Health Condition _____

Have you ever been a member of a youth group before? Yes _____ No _____

Which Youth Group? _____

Do Your Parent(s) or Guardians Know of this Application? Yes _____ No _____

Father's Name: _____ Date _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Father's Signature: _____

Mother's Name: _____ Date: _____

Address: _____ City _____

Zip Code: _____ Phone: _____ Mother's Signature _____

FOR OFFICE USE ONLY

Date Received: _____ Date Approved: _____ Dated Invested: _____

Recorder's Signature: _____

Master Knight's Signature: _____

Area Director Director's Signature _____

Fees to accompany this application Junior Knights \$26.50 and \$31.50 for Senior Knights