



GENERAL APPLICATION

PLEASE PRINT LEGIBLY

Auxiliary Name: All Saints
 City, State, Zip Code: Puyallup, WA 98371
 Auxiliary Number: 1629 ID Number:
 Chapter: N/A

First Name	Middle Initial	Last Name	Area Code/Telephone #
<hr/>			
Street		Apt. No.	City
<hr/>			
State or Province	Zip Code	Email Address:	
<hr/>			
Are You a Practical Catholic	Yes _____ No _____	INITIATION CEREMONY	_____
			(DATE)
Previous Columbiette Affiliation	Yes _____ No _____		
Name of Last Auxiliary	Location	City	State or Province
<hr/>			
Date of Withdrawal/Suspension	Reason:		
<hr/>			
Date of Transfer			
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[] I have received a copy of the Columbiette Code of Conduct. I have read and understand the Code, and I agree to comply with the Code.

Signature of Applicant _____

I hereby certify on my honor as a Columbiette/Knight of Columbus that I am acquainted with the above applicant, that I know Her to be a practical Catholic and that I endorse her as desirable and worthy of membership in the Columbiettes. I believe Her statements in this application to be true.

Proposer's
Signature _____

 DATE FINANCIAL SECRETARY SIGNATURES PRESIDENT

AUXILIARY SECTION

- NEW MEMBER**
(Date of Initiation Must Be Included)
- TRANSFER**
(Date of Initiation Must Be Included)
- REINSTATEMENT (Within One Year)**
(Date of Initiation Must Be Included)
- READMISSION (After One Year)**
- WITHDRAWAL CARD**
- DEATH** _____
Date
- CHANGE OF NAME**
Former Name
- _____
- CHANGE OF ADDRESS**
Former Address
- _____
- _____