

This section for use by Council Secretary and KDG Secretariat.

- 1. Original to the Secretariat with Family death Benefit contribution
- 2. Original for the Council's records



FOR USE BY KDG SECRETARIAT	KDG 12
File Number:	<input type="text"/>
Date Recorded:	<input type="text"/>

Name of Council: No City:

Admitted into the 1st Degree on:

Application for Membership of The Catholic Order of the Knights of Da Gama

Surname:

Christian Names: Name generally known by:

Physical Address: Postal Code:

Postal Address: Postal Code:
 Indicate which of the two addresses should be used for mail

Telephone: Home: () Cellular: () Work: ()

E-mail address: Fax: ()

Parish Normally Attending: Suburb:

Minister of the Eucharist: Permanent Deacon: Catechist: Member of Parish Council

Occupation:

Name of Firm:

Nature of Business:

Place of Birth: Date of Birth:

Baptised at: Date:

Confirmed at: Date:

Church & Town Where Married: Date:

Wife's Name: Date of Birth:

Name usually known by: Is She Catholic:

Children: Date of Birth: Male/Female:

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Have you previously made application to any other Council for membership?

If so state to which Council: Date:

Do you undertake to pay annual dues upon presentation?

Do you understand that there is an initiation & elevation fee for each Degree and do you undertake to pay it upon presentation?

I, the undersigned, do solemnly promise that I shall remain faithful to the Faith and Morals of the Holy Catholic Church and to the Republic of South Africa and that I shall always live according to the ideals of the Catholic Order of the Knights of Da Gama.

Signature: Date:

The following recommendations must be completed by the Member proposing and by your Parish Priest or Spiritual Director.

a) RECOMMENDATION BY PROPOSER

I (Name) of Council № do propose and recommend Mr. for membership in the Order. I have known him for years and I sincerely believe him to be a good and practicing Catholic. I firmly believe that in every way he is a fit and proper person who will be a credit to the Order.

Signature: Date:

b) RECOMMENDATIONS BY A PRIEST, PARISH PRIEST OR SPIRITUAL DIRECTOR OF THE APPLICANT

I (Name) Rev. Fr. of Parish Suburb in the City/Town of am happy to recommend Mr. for Membership in your Order. He is well known to me and I believe him to be a reliable, practicing Catholic and be of good character.

Signature: Date:

To be maintained by the Council Secretary

Elevated: 2nd - Date & Council 3rd - Date & Council

Offices Held:
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Releases: Re-instatements:

Transfers (Date & Council):

Awards:

Upon initiation, the Local Secretary must forward one duplicate of the original application form to the Supreme Secretary as well as any changes thereon as may from time to time become necessary. Section H.7(b) of Laws of the Order.