



**KNIGHTS FOR LIFE**  
**MEMBERSHIP APPLICATION**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**TEL NUM:** \_\_\_\_\_

**CELL NUM.** \_\_\_\_\_

**E MAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**IF RETIRED WHAT DID YOU DO BEFORE:** \_\_\_\_\_

**BEST TIME TO REACH YOU FOR PRO LIFE/ADVOCACY WORK:** \_\_\_\_\_

**CAN WE ADD YOU TO THE EMAIL AND CALLING POST**

**LISTINGS:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**COMMITTEES: CIRCLE ONE YOU MAY BE INTERESTED IN:**

**LEGISLATION**

**BY LAWS**

**POLITICAL ACTION**

**TRUSTEE OF LIFE PAC**

**PICKETING**

**FUNDRAISING/DEVELOPMENT**

**SIGNATURE:** \_\_\_\_\_ **DUES PAID TO:** \_\_\_\_\_

**PLEASE RETURN TO: KNIGHTS FOR LIFE INC. PO BOX 1672, NO. MASSAPEQUA NY 11758**