

Lexington Knights of Columbus Council 94

2024 Associate Membership Application

**** Form must be Legible and filled out in full ****

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

*Email Address (Mandatory) _____

**** Email Will Not be shared with anyone. You will be blind copied on outgoing Emails to members ****

- As an Associate Member of the Lantern Lounge, I agree to all rules and regulations set by the Lexington Knights of Columbus. I understand that any breach of said rules could result in the revocation of this membership and forfeiture of the annual fee.
- Associate Members are required to show their card to the bartender upon entrance to the Lantern Lounge.
- 2024 Membership is not transferable and expires on 12/31/2024
- I understand that this Associate Membership has no guest privileges.

*Name of Sponsoring Knight _____

*Signature _____

*Date _____ *Annual Fee - \$20.00

*Received by _____

**** Bartender to write Associate Member Number in the Box below**

**** Please DO NOT put a name in the bag!**

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**** MANGER ONLY ****

*Signature _____ Date: _____