Lexington Knights of Columbus Council 94

2024 Associate Membership Application

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

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 member of the Lantern Lounge, I agree to all rules and regulations set be Lexington Knights of Columbus. I understand that any breach of said rules could result 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 ofSponsoring Knight *Signature*Annual Fee - \$20.00 □	Name:	
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** MANGER ONLY ** *Signature Date:		** Please DO NOT put a name in the bag! # ** MANGER ONLY **