

Application for Per Capita Disability Exemption

CERTIFICATION OF COUNCIL

Council No. _____

This is to certify that _____, _____, is a
(Member Name) (Member Number)
member in good standing in this council and that he is eligible for relief from payment of all council dues and Supreme and state council per capita taxes, due to total disability, as authorized by Section 118(e) of the Charter, Constitution, and Laws of the Knights of Columbus.

Attest: _____
Financial Secretary Grand Knight

Dated _____

Submit completed form to membership@kofc.org.

Notes: If the application is approved, dues and per capita shall be waived until the financial secretary notifies membership@kofc.org that the exemption should be rescinded. Membership that is continued under the provisions of Section 118(e) shall be construed as active membership in computing the membership requirement for recognition as honorary or honorary life membership.

