

Payment Schedule

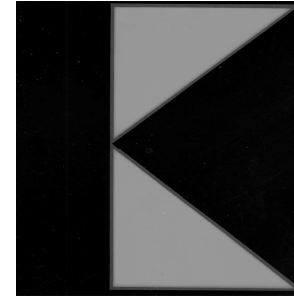
Single Membership \$65.00
(\$55.00 Annual Dues, \$10.00 Initiation Fee)

Family Membership \$95.00
(\$75.00 Annual Dues, \$20.00 Initiation Fee)

Sponsor Procedures:

1. New members **must** attend both the Pre-Initiation and Initiation meetings to become a member of Kolping. **Failure to attend these meetings will result in the application and dues being returned to the prospective new member.**
2. To take advantage of the family membership, both spouses must be regular members of The Kolping Society. **An application must be submitted for each prospective member for them to be considered for membership.**
3. It is the responsibility of the sponsor to make sure that the new members attend general meetings and events at Kolping. **Make sure that you stay in contact with your new member. Too many new members are forgotten!**
4. You need to be a member of Kolping for two years to sponsor a new member.

Rev. 8/21



Catholic Kolping Society Cincinnati

10235 Mill Rd.
Cincinnati, Ohio 45231



*“The family is a divine institution.”
Blessed Adolph Kolping*

Catholic Kolping Society

Membership Application

PLEASE PRINT. All questions must be answered or application will not be considered.

Individual Membership Application:

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

E-mail Address _____

Married Single Widowed How long at this address? _____

Date of Birth ____/____/____ Place of Birth _____

Religion _____ Parish/Church _____

Occupation _____ Employer _____

Are you willing to volunteer when called upon? Yes _____ No _____

Please give two references (no relatives) _____

To what other clubs, organizations, societies do you presently belong?

Applicant's signature _____ Date _____

Sponsored by (please print) _____

Phone # _____ E-mail address _____

Sponsor's Signature _____

Spouse in Family Membership Application:

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

E-mail Address _____

Married Single Widowed How long at this address? _____

Date of Birth ____/____/____ Place of Birth _____

Religion _____ Parish/Church _____

Occupation _____ Employer _____

Are you willing to volunteer when called upon? Yes _____ No _____

Please give two references (no relatives) _____

To what other clubs, organizations, societies do you presently belong?

Applicant's signature _____ Date _____

Sponsored by (please print) _____

Phone # _____ E-mail address _____

Sponsor's Signature _____

Note: A check for proper amount must accompany each application. Refer to back for payment schedule.