

# Appendix A (Reports) Due February 1



## COLORADO KNIGHTS OF COLUMBUS Membership Summary Report 2014

MAIL TO:  
Sean Espy  
State Membership  
Coordinator  
11082 Utica Court  
Westminster, CO 80031  
Email:  
sean.espy@us.pwc.com

COUNCIL NAME: \_\_\_\_\_ COUNCIL NUMBER: \_\_\_\_\_

1. What goals did the council set at the start of the Calendar Year for recruiting?
2. Does your council have a council brochure? YES NO (circle one); if yes, attach copy
3. On December 31 our council had a **total membership** of? \_\_\_\_\_
4. On December 31 our council total **insurance members** of? \_\_\_\_\_
5. How many new members were **initiated** in calendar year? \_\_\_\_\_
6. How many **inactive members** does your council have? \_\_\_\_\_
7. How many members were **Reactivated** in calendar year? \_\_\_\_\_
8. How many members were **Reinstated** in calendar year? \_\_\_\_\_
9. How many members were **Readmitted** in calendar year? \_\_\_\_\_
10. How many members, **former or prior**, joined in calendar year? \_\_\_\_\_
11. How many **Open House** sessions were conducted in calendar year? \_\_\_\_\_
12. As of Jan. 1, how many financially delinquent members were on council's roster? \_\_\_\_\_
13. Of that number, how many were dropped by December 31? \_\_\_\_\_
14. Was the Retention Committee able to contact EVERY Knight issued a Form 1845? YES or NO
15. How many Shinning Knights did your council produce during the calendar year? \_\_\_\_\_  
(Include their names and months received.)
16. Did your council host a Major Degree Exemplification in 2014? YES NO (circle one)
17. How many of your first degree Knights took their Major Degree during the year? \_\_\_\_\_
18. Does your council have a FIRST DEGREE TEAM? YES NO (circle one)
  - a. If yes, how often does your council sponsor a First Degree? \_\_\_\_\_
  - b. If no, where does your council typically take candidates for their First Degree? \_\_\_\_\_
19. Does your Financial Secretary collect Initiation fees/dues before the First Degree? YES NO
20. Please attach a list of all certified degree team members (any degree) and their contact info.

Membership Director Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grand Knight Signature: \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT ORIGINAL TO: State Membership Coordinator

SEND COPY TO: Council Files

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## COLORADO KNIGHTS OF COLUMBUS Membership Report

This reporting form must be completed by each council and forwarded to the state membership coordinator by February 1<sup>st</sup>. (A separate form should be completed for each Membership Program Category.)

CATEGORY (MARK ONE):       RECRUITMENT                       RETENTION  
    INSURANCE                               CEREMONIALS  
    REACTIVATION

COUNCIL NAME: \_\_\_\_\_ COUNCIL NUMBER: \_\_\_\_\_

LOCATION (CITY): \_\_\_\_\_

GRAND KNIGHT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

Project Title: \_\_\_\_\_ Date of activity: \_\_\_\_\_

Purpose of Activity: (In the space provided, describe in one sentence the purpose of the activity.)

Number of council members participating in activity: \_\_\_\_\_

Number of man hours expended on activity: \_\_\_\_\_

Chairman's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photos, pamphlets, etc. Do not submit tapes, video-cassettes, display materials, films, etc. as they will not be considered in judging the nomination.

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Grand Knight Signature

Date

**ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY  
FEBRUARY 1<sup>ST</sup>.**

**SUBMIT ORIGINAL TO: State Membership Coordinator  
SEND COPY TO: Council Files**



**COLORADO KNIGHTS OF COLUMBUS  
Surge with Service Membership Report**

MAIL TO:  
Sean Espy  
State Membership Coordinator  
11082 Utica Court  
Westminster, CO 80031  
Email: sean.espv@us.pwc.com

## SHINING KNIGHT AWARD

SHINING KNIGHT: \_\_\_\_\_  
(Print name (clearly) as it is to appear on Certificate)

COUNCIL NAME/NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

NAME OF PROJECT/EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FIRST DEGREE: \_\_\_\_\_  
Date Received Location

THIRD DEGREE: \_\_\_\_\_  
Date Received Location

INSURANCE REPRESENTATIVE MEETING DATE: \_\_\_\_\_

NAME OF CATHOLIC MAN SHINING KNIGHT IS SPONSORING: \_\_\_\_\_

FIRST DEGREE DATE/LOCATION FOR NEW CANDIDATE: \_\_\_\_\_

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Grand Knight Date

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District Deputy Date

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Insurance Field Representative Date

**COLORADO KNIGHTS OF COLUMBUS**  
Surge with Service Membership Report

## NEW MEMBER WORKSHEET

NAME:										PHONE:			
ADDRESS:										DOB:			
WIFE'S NAME: DOB (MM/DD):					CHILDREN:					WEDDING DATE:			
SPONSOR:										PHONE:			
PARISH:													
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	INI. FEE	
¼ Dues Pymt			¼ Dues Pymt			¼ Dues Pymt			Total Dues Paid _____			\$15	
TOTAL MONEY DUE			IMPORTANT DATES										
			\$ PAID	ADMISSIONS COMMITTEE	VOTED	1 <sup>ST</sup> DEGREE	2 <sup>ND</sup> DEGREE	3 <sup>RD</sup> DEGREE					
<b>ITEM</b>		<b>ACTIVITY DESCRIPTION</b>										<b>DATE COMPLETED</b>	
1		GET A SIGNED APPLICATION											
2		ADMISSIONS COMMITTEE QUESTIONNAIRE COMPLETED											
3		GIVE CANDIDATE COUNCIL INFORMATION / NEWSLETTER											
4		ENLIST A COMMITTED SPONSOR / MENTOR											
5		SHOW KOC VIDEO OR FLIP CHART											
6		ADMISSIONS COMMITTEE REPORT COMPLETED											
7		1 <sup>ST</sup> DEGREE											
8		ENCOURAGE NEW MEMBER TO ORDER A NAME TAG											
9		PLACE ON FIRST COMMITTEE OR PROJECT											
10		SCHEDULE 2 <sup>ND</sup> AND 3 <sup>RD</sup> DEGREES											

