

Oregon State Council Request for Membership Suspension

District: _____
Council: _____
Insurance: _____

| | | | | | | |
|---------------------|-----------------------|-------------|--|----------------------------------|--------------------------------|-------------------|
| Member Info: | Last Name: | First Name: | MI | Age | Yrs of Srvs | Membership Number |
| | | | | | | |
| | Phone Number: | Email: | Parish Name: | | First Degree Date: | |
| | | | | | | |
| Member Info: | Mailing Address: | | Member of Parish: | | Re-Entry Date (if Applicable): | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Billing: | Notice | Date | Dues Paid? (Y or N) | Letter Returned? (Y or N) | New Address? (Y or N) | |
| | First Billing Notice | | | | | |
| | Second Billing Notice | | | | | |
| | Knight Alert (KA1) | | | | | |

*Note if New Address, last letter should be resent and address updated in Member Management

| | | | | | | |
|-------------------|---|---------------------|-------------------------|-------|-------------------------|-------|
| Retention: | Retention Committee Member Assigned: | | | | | |
| | Attempts to Contact Member – NOTE: Voicemail and Billing are NOT considered contact In comments, indicate how contact was made, i.e. phone, home visit, email, parish, etc | | | | | |
| | Contact #1 Comments: | Date: | Contact #2 Comments: | Date: | Contact #3 Comments: | Date: |
| | | | | | | |
| | Signatures below certified complete retention activity by Grand Knight, Deputy Grand Knight and Trustees (all required): | | | | | |
| | Grand Knight: | | Trustee One-Year: | | | |
| | Deputy Grand Knights: | | Trustee Two-Year: | | | |
| | | Trustee Three-Year: | | | | |

Send Results (this Form and any supporting documentation to District Deputy. DD will complete his requirements and forward results/recommendations to the State Retention Chairmen and State Membership Director with information copied to State Deputy

| | | | |
|---|--|------------------|------------------------|
| State: | Office | Comments: | Recommendation: |
| | District Deputy | | |
| | State Retention Chair | | |
| | State Retention Chairmen will return form(s) to District Deputy with Recommendations as noted: | | |
| <input type="checkbox"/> Concur (Submit 1845 – Intent to Suspend) <input type="checkbox"/> Do Not Concur (Contact State Retention Chairmen) | | | |

Note: See Reverse Side for Further Instructions

Oregon State Council

Request for Membership Suspension and Procedure

District: _____
Council: _____

- 1) Completely Fill Out the following Sections (**Minimum Three Month Effort**)
 - a. Member Info – All information can be obtained from Grand Knight or Financial Secretary via Member Management
 - b. Billing –
 - i. Note the date each billing notice and Knight Alert (KA1) is sent.
 - ii. Indicate whether dues were paid for each billing
 - iii. Indicate whether letter was returned
 - iv. If applicable indicate what new address was indicated with return or during Retention efforts.
 - c. Retention –
 - i. Each delinquent member should be assigned to a member of the retention committee
 - ii. Multiple contacts must be attempted. Note that leaving a voicemail three time does not count as three contact attempts
 - iii. Comments about the contact attempt should be noted
 - iv. Grand Knight as exoffico member of the Retention Committee and leader of the local council must sign-off that all retention efforts have been exhausted and be prepared to assist the District Deputy and State Retention Chairman is needed
 - v. Deputy Grand Knight and Trustees as official members of the Retention Committee must sign-off that all retention efforts were exhausted by the assigned member
 - d. State –
 - i. Once retention efforts are complete, the form should be submitted to the District Deputy
 - ii. District Deputy will conduct further retention efforts on behalf of the council and make a recommendation to the State Retention Chairmen
 - iii. State Retention Chairmen upon receiving the Request for Membership Suspension will conduct further retention efforts on behalf of the State Deputy
 - iv. State Retention Chairmen after discussing his results and conclusions with the State Deputy and State Membership Director will make a recommendation on concurrence of suspension
- 2) Once the Council has received concurrence from the District Deputy and the State Retention Chairman, the local council is free to process the suspension as it sees appropriate (**Maximum One Month**)
- 3) Concurrence of suspensions are contingent upon:
 - a. Final Approval from the State Deputy
 - b. A viable recruitment plan for the Fraternal Year
- 4) Per Supreme regulation, once the Form 1845 – Intent to Suspend, has been submitted to the Supreme Council, the local council must wait a mandatory 60-days to process the Form 100. If after 90-Days the council has not processed a Form 100, the Intent to Suspend is voided by Supreme and local council is prohibited from processing an Intent to Suspend until the next billing cycle.