The following MEMBERSHIP forms are to be mailed to:

Mark Sorenson
Colorado State Membership Coordinator
806 Harrison Drive
Lafayette, CO, 80026

Colorado Knights of Columbus Membership Summary Report

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO, 80026

Council Name: _____ **Council #:** _____

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 If yes, please attach a copy
3. On December 31st our council had a **total membership** of? _____
4. On December 31st our council had 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 ***Readmitted*** in calendar year? _____
9. How many members, ***former/prior***, joined during the calendar year? _____
10. How many ***Open House*** sessions were conducted in calendar year? _____
11. As of Jan. 1, how many financially delinquent members were on council's roster? _____
12. Of that number, how many were dropped by December 31? _____
13. Was the Retention Committee able to contact EVERY Knight issued a Form 1845? YES or NO
14. How many Shinning Knights did your council produce during the calendar year? _____
    (Include their names and months received.)
15. Did your council host a Major Degree Exemplification in 2015? YES NO (circle one)
16. How many of your first degree Knights took their Major Degree during the year? _____
17. 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? _____
18. Does your Financial Secretary collect Initiation fees/dues before the First Degree? YES NO
19. 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 File

Colorado Knights of Columbus Membership Reports
Recruitment

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

This reporting form must be completed by each council and forwarded to the State Membership Coordinator by February 1st.

A separate form should be completed for each Membership Program Category.

Council Name _____ Council #: _____

Town/City: _____

Grand Knight Name: _____ Grand Knight Phone #: _____

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 digital recordings because they will not be considered in the judging process.

Grand Knight Signature Date

ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY FEBRURARY 1ST.

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

Colorado Knights of Columbus Membership Reports
Retention

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

This reporting form must be completed by each council and forwarded to the State Membership Coordinator by February 1st.

A separate form should be completed for each Membership Program Category.

Council Name _____ Council #: _____

Town/City: _____

Grand Knight Name: _____ Grand Knight Phone #: _____

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 digital recordings because they will not be considered in the judging process.

Grand Knight Signature Date

ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY FEBRURARY 1ST.

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

Colorado Knights of Columbus Membership Reports
Insurance

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

This reporting form must be completed by each council and forwarded to the State Membership Coordinator by February 1st.

A separate form should be completed for each Membership Program Category.

Council Name _____ Council #: _____

Town/City: _____

Grand Knight Name: _____ Grand Knight Phone #: _____

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 digital recordings because they will not be considered in the judging process.

Grand Knight Signature Date

ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY FEBRURARY 1ST.

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

Colorado Knights of Columbus Membership Reports
Reactivation

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

This reporting form must be completed by each council and forwarded to the State Membership Coordinator by February 1st.

A separate form should be completed for each Membership Program Category.

Council Name _____ Council #: _____

Town/City: _____

Grand Knight Name: _____ Grand Knight Phone #: _____

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 digital recordings because they will not be considered in the judging process.

Grand Knight Signature Date

ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY FEBRURARY 1ST.

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

Colorado Knights of Columbus Membership Reports
Ceremonials

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

This reporting form must be completed by each council and forwarded to the State Membership Coordinator by February 1st.

A separate form should be completed for each Membership Program Category.

Council Name _____ Council #: _____

Town/City: _____

Grand Knight Name: _____ Grand Knight Phone #: _____

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 digital recordings because they will not be considered in the judging process.

Grand Knight Signature Date

ENTRY MUST BE SUBMITTED TO STATE MEMBERSHIP COORDINATOR BY FEBRURARY 1ST.

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Drive
Lafayette, CO 80026

The Council Brochure Award

The purpose of a brochure is to inform the reader on an item, service, or idea. To do this effectively it needs to be easy to read, appealing and convey the character of the product described. The brochure is also a valuable tool for those recruiting new members since it will make valuable information about your council readily available to them. The Council Brochure Award is given to the Brochure submitted that the State Membership team deems:

1) Describes the Knights of Columbus (history, who we are, etc…) most effectively
2) Describes what activities the council is active in most effectively
3) Describes some areas where the council donates its money (i.e. names of charities, Boy Scouts, the parish, Ultrasound machine, etc…) most effectively
4) Lists the council's volunteer hours (either the previous year or a history of) …be proud of all the good work your council does! SHOW IT!
5) Has the most appealing and practical layout/design
6) Any additional information the council adds

Attached is a copy of council brochure: YES NO

Who created your brochure? Name: _____

Do they have a position in the council? If so, what is it?
_____

How often do you update the information in the brochure?
_____

What event(s) has your council handed out/utilized this brochure?

_____

_____

_____

_____

_____

Has this brochure been used as a recruiting tool? YES NO

Original copy needs to be submitted by February 1st to State Membership Coordinator. Please make sure to keep a copy for your council records.

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Dr.
Lafayette, CO 80026

Shining Knight Award

Each Council will be awarded 25 points per Shining Knight Award form submitted for the previous calendar year from each State Convention since all State awards are based on a calendar year.

Shining Knight: _____
(Print name (clearly) as it is to appear on Certificate)

Council Name and Number: _____ District #: _____

Number of Meetings Attended: _____

Name of Council Event/Project: Date:

1. _____ _____

2. _____ _____

3. _____ _____

First Degree: _____ _____
Date Received Location

Third Degree: _____ _____
Date Received Location

Insurance Representative Meeting Date: _____

Name of Candidate Shining Knight is sponsoring: _____

First Degree Date and Location for Candidate Named Above: _____

Grand Knight Date

District Deputy Date

Insurance Field Representative Date

MAIL TO:
Mark Sorenson
State Membership Coordinator
806 Harrison Dr.
Lafayette, CO 80026

Knight Mentor Award

Each Council will be awarded 25 points per Knight Mentor Award form submitted for the previous calendar year from each State Convention since all State awards are based on a calendar year.

Knight Mentor: _____
(Print name (clearly) as it is to appear on Certificate)

Council Name and Number: _____ District #: _____

Name of Candidate Knight Mentor is Sponsoring: _____

Number of Meetings Attended with Recruit: _____

Name of Council Event/Project Attended with Recruit: Date:

4. _____ _____

5. _____ _____

6. _____ _____

First Degree: _____ _____
Date Received Location

Third Degree: _____ _____
Date Received Location

Insurance Representative Meeting Date: _____

First Degree Date and Location for Candidate Named Above: _____

Grand Knight Date

District Deputy Date

Insurance Field Representative Date