



Knights of Columbus

DUE BY: Oct 15

INDIANA STATE COUNCIL QUARTERLY DELINQUENT MEMBER REPORT

COUNCIL NUMBER _____ DISTRICT NUMBER _____

COUNCIL NAME _____

GRAND KNIGHT _____

FINANCIAL SECRETARY _____

DISTRICT DEPUTY _____

Number of members delinquent 90 days _____

Number of members delinquent 120 days _____

Number of members delinquent 150 days _____

Number of members delinquent 180 days _____

Number of members delinquent more than 180 days _____

Date submitted _____

Signed _____
(Retention Committee Chairman)

Signed _____
(Member)

Signed _____
(Member)

Signed _____
(Member)

SUBMIT TO: State Retention Chairman

COPIES TO: District Deputy
Council Files