

# IN-QDR4



## *Knights of Columbus* INDIANA STATE COUNCIL

DUE BY: April 15

For: Jan., Feb., March

### 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 Chair)

Signed \_\_\_\_\_  
(Member)

Signed \_\_\_\_\_  
(Member)

Signed \_\_\_\_\_  
(Member)

SUBMIT TO: State Retention Chairman  
COPIES TO: District Deputy  
Council Files

A fill-in version of this form is available online at  
<http://indianakofc.org/forms/>