KNIGHTS OF COLUMBUS

IOWA
STATE COUNCIL
KNIGHT OF THE YEAR
NOMINATION

THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.

The members of council # _____ In the city of _____ has nominated

Name _____ Address _____

City: _____ State _____ Zip Code _____

as a candidate for Iowa Knight of the Year.

Area Code and Telephone _____

Highest Degree of the Order (please circle one) 1st 2nd 3rd 4th

Please circle Yes or No to the following Statements:

Member of Degree Staff	Yes	No
Attends District Meetings	Yes	No
Attends Regular Business Meetings	Yes	No
Attends Council Activities	Yes	No
Honorary Member	Yes	No
Honorary Life Member	Yes	No
Committee Chairman	Yes	No
Plans on attending convention	Yes	No
Active in his Church	Yes	No
Participate in recruiting new members	Yes	No

Other

_____

_____

_____

Other Special Interests

_____

_____

_____

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Deadline: February 15th

Please use back side of this form if you need more room for comments.

Mail form to State Program Director

John L. Beckman
15351 Pheasant Dr
Council Bluffs, IA 51503-5818

Additional Comments: