



KNIGHTS OF COLUMBUS
IOWA
STATE COUNCIL
SHINING ARMOUR AWARD
REQUEST FORM



THIS REPORTING FORM SHOULD BE COMPLETED BY THE COUNCIL GRAND KNIGHT AND FORWARDED TO THE MEMBERSHIP DIRECTOR.

Council Number: _____ **Council Town:** _____

Name of Member to Receive Award: _____

Name of Member Recruited: _____

New Member's Council and Town: _____

Name of Insurance Representative: _____

Programs member has participated in: _____

Dates of the Three Meetings attended: 1. _____
2. _____
3. _____

Grand Knight

Financial Secretary

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Mail form to The Membership Director

