COLORADO KNIGHTS OF COLUMBUS
Surge with Service Membership Report

MAIL TO:
David Dudden
State Membership Coordinator
8263 Flower Court
Arvada CO 80005

SHINING KNIGHT AWARD
Calendar Year 2009

SHINING KNIGHT: _____
(Print name (clearly) as it is to appear on Certificate)

COUNCIL NAME/NUMBER:_____ **DISTRICT:** _____

NAME OF PROJECT/EVENT: **DATE:**

1. _____ _____

2. _____ _____

3. _____ _____

FIRST DEGREE: _____ _____
Date Received **Location**

THIRD DEGREE: _____ _____
Date Received **Location**

INSURANCE REPRESENTATIVE MEETING DATE: _____

NAME OF CATHOLIC MAN SHINING KNIGHT IS SPONSORING: _____

FIRST DEGREE DATE/LOCATION FOR NEW CANDIDATE: _____

Grand Knight **Date**

District Deputy **Date**

Insurance Field Representative **Date**