



COLORADO KNIGHTS OF COLUMBUS
Surge with Service Membership Report

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

INSURANCE REPORT

COUNCIL NAME: _____ COUNCIL NUMBER: _____

GRAND KNIGHT: _____ CITY: _____

Purpose of Activity:

Report of Fraternal Benefits Night
 Other Insurance Activities _____

1. As of December 31, 2009 our council has a total membership of _____ members.
2. As of December 31, 2009 our council has _____ insured members, a percent of _____%.
3. What does your council do to promote EVERY MEMBER and his family to take the opportunity to sit down for a visit with the council's Insurance Agent?

The following is a description of the Fraternal Benefits Night held by the council. Be sure to include the date, location, how many members attended, guest speaker, (pictures, if any). Please use additional sheets of paper as necessary.

Council Membership Director _____ Date _____

Grand Knight _____ Date _____

FORWARD TO: State Membership Coordinator--Must be submitted or postmarked by FEBRUARY 1, 2010