



**COLORADO KNIGHTS OF COLUMBUS  
Surge with Service Membership Report**

## 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 our council has a total membership of \_\_\_\_\_ members.
2. As of December 31 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**