



Knights of Columbus
INDIANA STATE COUNCIL

DUE BY: Aug 15

COUNCIL RETENTION COMMITTEE REPORT

COUNCIL NUMBER _____ DISTRICT # _____ DATE _____

COUNCIL NAME _____

GRAND KNIGHT _____

CHAIRMAN:

NAME _____

ADDRESS _____

CITY & ZIP _____

PHONE _____

E-Mail Address _____

MEMBER:

NAME _____

ADDRESS _____

CITY & ZIP _____

PHONE _____

E-mail Address _____

MEMBER:

NAME _____

ADDRESS _____

CITY & ZIP _____

PHONE _____

E-mail Address _____

MEMBER:

NAME _____

ADDRESS _____

CITY & ZIP _____

PHONE _____

E-mail Address _____

SUBMIT TO: State Retention Chairman

COPIES TO: District Deputy

Council Files