

Membership Conservation Reporting Form

Newfoundland and Labrador State Council
Knights of Columbus

Council: _____
District: _____

	Date of Last Billing	Amount(\$)/No. Months Delinquent	Name/Address/Telephone	Contact Person	Payment Received	Comments
1						
		Remarks:				
2						
		Remarks:				
3						
		Remarks:				
4						
		Remarks:				
5						
		Remarks:				

Copy: State Deputy, District Deputy, Council File
This Form Must Be Attached to Form 1845

Date: _____

Grand Knight

Trustee 2

Trustee 1

Trustee 3