

CORPS d'ELITE

AWARD APPLICATION



DUE BY: JUNE 30

Circle # _____

Sponsoring Council /Assembly # _____

Location _____
(City)

(State or Province)

-
**MUST BE RECEIVED IN THE
SUPREME COUNCIL OFFICE
NO LATER THAN JUNE 30,**

1. Complete and return the "Officers and Counsellors Report" (Form #468-NC to the Supreme Council office by August 1, _____).
(New circles instituted after July 1, _____ need not meet this requirement.)
2. Annually conduct and report at least four (4) major involvement activities in each of the following areas of the Squires program: spiritual, service, circle and membership.
3. Pay July I per capita tax on or before October 10. Pay January 1 per capita tax on or before April 10.
4. Complete and return the "Annual Survey of Fraternal Activity" (Form #1728C) to the Supreme Council office by January 31, _____.
(New circles instituted after July 1, _____ need not meet this requirement.)
5. Achieve net gain of at least two (2) members by June 30. Attainment of the circle membership quota will be determined through receipt of membership documents processed and recorded at the Supreme Council office between July 1, _____ and June 30, _____.

The circle notary must complete the additional information needed in this application. Each application must be signed by the notary, chief squire and chief counsellor. When the application is completed, return immediately to: Columbian Squires, Knights of Columbus Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326. This application must be received in the Supreme Council office by June 30, _____.

SPIRITUAL ACTIVITIES

1. _____
2. _____
3. _____
4. _____

SERVICE ACTIVITIES

1. _____
2. _____
3. _____
4. _____

CIRCLE ACTIVITIES

- 1. _____
- 2. _____
- 3. _____
- 4. _____

MEMBERSHIP ACTIVITIES

- 1. _____
- 2. _____
- 3. _____
- 4. _____

"I herby certify and affirm that the information provided herein is true and accurate, the the best of my information and belief."

Notary: _____
Name Membership No.

Chief Squire: _____
Name Membership No.

Chief Counsellor: _____
Name Membership No.

Date: _____

<u>This Area for Supreme Council Office Use Only</u>	
Form #468-NC Received	_____
July Per Capita Tax Paid	_____
January Per Capita Tax Paid	_____
Form #1728C Received	_____
Award Application Received	_____
Membership Quota Attained	_____
Acknowledged	_____

Submit Original To: Supreme Council Department of Fraternal Services
Copy To: Circle File

THIS FORM MAY BE COMPLETED AND SUBMITTED ELECTRONICALLY