

**DUE BY: JUNE 30**

<b>Circle #</b> _____	<b>Location</b> _____
<b>Sponsoring</b>	(City)
<b>Council/Assembly #</b> _____	_____
	(State or Province)

1. Complete and return the "Officers, Chairmen and Counselors 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 1 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 counselor. 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. \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Notary

Attest: \_\_\_\_\_  
Chief Squire

Attest: \_\_\_\_\_  
Chief Counselor

Date: \_\_\_\_\_

This Area for Supreme Council Office Use Only

**Form #468-NC Received** \_\_\_\_\_

**July Per Capita Tax Paid** \_\_\_\_\_

**January Per Capita Tax Paid** \_\_\_\_\_

**Form #1728C Received** \_\_\_\_\_

**Award Application Received** \_\_\_\_\_

**Membership Quota Attained** \_\_\_\_\_

**Acknowledged** \_\_\_\_\_

**Forward Original To: Supreme Council Department of Fraternal Services  
Copy To: State Squires Chairman, Circle File**