Print Form

KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
SEMI-ANNUAL COUNCIL RETENTION REPORT

Due: August 15 and February 15

Council Name: _____ Council #: _____ District #: _____

City: _____ Chapter: _____

Members in Arrears:

Membership #:	Name:	Address:	City:	State:	Zip:
Telephone:	Amount in Arrears:	Date Contacted:	Comments:		

Membership #:	Name:	Address:	City:	State:	Zip:
Telephone:	Amount in Arrears:	Date Contacted:	Comments:		

Membership #:	Name:	Address:	City:	State:	Zip:
Telephone:	Amount in Arrears:	Date Contacted:	Comments:		

Grand Knight _____ Financial Secretary: _____ Date: _____

GK Name:

GK Phone No:

SUBMIT ORIGINAL TO: State Retention Chairman
SEND COPY TO: District Deputy, State Office, Council File

CA RET-1A

Submit Additional Pages as Necessary