



ST. MARKS KNIGHTS OF COLUMBUS COUNCIL 7613
INFORMATION SURVEY

To keep our records current, please fill out this survey with the appropriate information and return to the Financial Secretary.

LAST NAME: _____ FIRST: _____ MI: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ OCCUPATION: _____

SPOUSES NAME: _____ SPOUSES DATE OF BIRTH: _____

DATE OF 1ST DEGREE _____

DATE OF MAJOR DEGREE _____

DATE OF 4TH DEGREE _____ ASSEMBLY NO: _____

COUNCIL ACTIVITES: Participation of our membership in one of these activities is strongly encouraged. Please mark the one(s) in which you would like to participate or now participate.

Bingo Operation: _____ Aramark (Concession Stand) Operation: _____

Chicken BBQ: Preparation: _____ Cooking: _____ Sales: _____ Cleanup: _____

COUNCIL COMMITTES: Please indicate one or more of the Council committees on which you would be interested in working.

Program: _____ Membership: _____ Council: _____ Family: _____

Church: _____ Community: _____ Youth: _____