

**Membership Conservation Form  
Nebraska Jurisdiction - Knights of Columbus**

Page \_\_\_\_\_ of \_\_\_\_\_  
Council # \_\_\_\_\_  
District # \_\_\_\_\_

Date of Billing			No. Months Delinquent			Membership Number			Name and number of member making contact and Date of Contact			Date Payment Received
1												
Remarks												
2												
Remarks												
3												
Remarks												
4												
Remarks												

**All information on this form CONFIDENTIAL Please Print All Areas**

Note: If necessary use more than one form, indicate page number and total number of pages submitted at top. Upon completion: Attach respective 1845's. Mail original to State Deputy, 1st Copy to District Deputy, 2nd copy to Council File

Date: \_\_\_\_\_ Trustee 1 \_\_\_\_\_

Grand Knight \_\_\_\_\_ Trustee 2 \_\_\_\_\_

DD Initials/Date Sent to State Deputy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Trustee 3 \_\_\_\_\_