

Massachusetts State Council



Retention Guide “Saving a Member is better than Recruiting One”

State Retention Forms

Paul G. O’Sullivan,
State Deputy

Patrick T. Curley, FDD,
State Membership Director

Richard C. Zopatti, Jr., DD
State Retention Chairman

RETENTION FORMS

RETENTION WORKSHEET

This worksheet is used by the Retention Committee to document the contact between the Retention Committee and the member being contacted.

RETENTION WORKSHEET SUMMARY FORM

This worksheet is used to summarize the results of your Council's retention efforts. It **MUST** be submitted with the Supreme Form 1845s or a copy e mailed to the State Retention Chairman.

NEW MEMBER WORKSHEET

REVIEW OF SUPENSION REQUEST

DEGREE REMINDER

DEGREE REMINDER (COUNCIL)

STATE RELOCATION REPORT

MASSACHUSETTS STATE COUNCIL RETENTION WORKSHEET

COUNCIL:		COUNCIL MEMBERSHIP DIRECTOR'S NAME:		PHONE:
MEMBER NAME			MEMBER WIFE'S NAME	
PHONE NO.		MEMBER ADDRESS:		
MEMBER SINCE				
TOTAL DUES OWED AS OF JAN 1 ST		COUNCIL'S ANNUAL DUES		
NUMBER OF QUARTERS IN ARREARS		AS OF:		
DEGREE DATES	1 ST DEGREE	2 ND DEGREE	3 RD DEGREE	
COMMENTS/NOTES: (Please list all contact dates & notes from conversations)				
Date 1 st Contact Made:		By Whom:		Initials:
Comments by Member:				
Comments/Recommendations by Retention Team Member:				
Date 2 nd Contact Made:		By Whom:		Initials:
Comments by Member:				
Comments/Recommendations by Retention Team Member:				
Date 3 rd Contact Made:		By Whom:		Initials:
Comments by Member:				
Comments/Recommendations by Retention Team Member:				
PROCESSING DATES				
1 ST NOTICE SENT:		2 ND NOTICE SENT:		KNIGHT ALERT LETTER SENT:
1845 TO MEMBER		1845 TO SUPREME:	1845 & WORKSHEET TO STATE	1845 & WORKSHEET TO DD:
FORM 100 SENT TO SUPREME		CONFIRMATION FROM SUPREME		
GK Initials:		DD Initials:		

MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS

MA RET Form 2	Retention Worksheet Summary Form			
Revised May 2016	Please summarize the results of your Council's retention efforts. This form MUST be submitted with the Supreme Form 1845s or a copy e mailed to the State Retention Chairman.			
BILLING DATE	NAME	ADDRESS	COMMENTS	RESULT

Upon Completion: Attach respective 1845's.

1. **Must include FS, DD, Retention Chairman and GK Signature**
2. Mail/E Mail original of this form to the **State Retention Chairman**
3. Keep a file copy for the Council's records.

On my honor as a Catholic gentleman, I do swear that the information shown above is correct to the best of my knowledge.

Financial Secretary Signature

Retention Chairman Signature

Grand Knight Signature

District Deputy Signature



NEW MEMBER WORKSHEET

NAME:										PHONE:			
ADDRESS:										DOB:			
WIFE'S NAME: DOB (MM/DD):					CHILDREN:					ANNIVERSARY DATE:			
SPONSOR:										PHONE:			
PARISH:													
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	INITIATION FEE	
\$??			\$??			\$??			\$??			\$??	
TOTAL MONEY DUE		IMPORTANT DATES											
		\$ \$ PAID	ADMISSIONS COMMITTEE	VOTED	1 ST DEGREE	2 ND DEGREE	3 RD DEGREE						
CHECK LIST													
ITEM	ACTIVITY DESCRIPTION											DATE COMPLETED	
1	GET A SIGNED APPLICATION												
2	ADMISSIONS COMMITTEE QUESTIONNAIRE COMPLETED												
3	ENLIST A COMMITTED SPONSOR												
4	INSTRUCT CANDIDATE ON WITHDRAWAL POLICY												
5	GIVE CANDIDATE A COUNCIL INFORMATION HANDOUT												
6	GIVE CANDIDATE HIS FIRST NEWSLETTER												
7	SHOW KOC VIDEO OR FLIP CHART												
8	ADMISSIONS COMMITTEE REPORT COMPLETED												
9	1 ST DEGREE CERTIFICATE PREPARED												
10	2 ND DEGREE CERTIFICATE PREPARED												
11	3 RD DEGREE CERTIFICATE PREPARED												



Massachusetts State Council

Review of Suspension Request

Council Number _____ Council Grand Knight _____

Council Location _____ Council Financial Secretary _____

Council Diocese _____ Council Retention Chairman _____

Council Membership _____ District Deputy _____

DESCRIPTION

- | | | |
|--|---|---|
| 1. Is the Council current with its Supreme Per Capita (not on suspension)? | Y | N |
| 2. Was Form 365 (Report of Personnel) received by the Supreme Council? | Y | N |
| 3. Was a copy of Form 365 received by the State Council Office? | Y | N |
| 4. Was appointment of the Council Retention Chairman verified? | Y | N |
| 5. Were last two council audits (Form 1295) received by the State/Supreme Council? | Y | N |
| 6. Did latest council audit list number of delinquent members and amount in arrears? | Y | N |
| 7. Was Form 1845 received by the Supreme Council? | Y | N |
| 8. Was Form 1845 signed by the Grand Knight? | Y | N |
| 9. Was Form 1845 signed by the Financial Secretary? | Y | N |
| 10. Did Form 1845 list name of a Council Retention Committeeman? | Y | N |
| 11. Was a copy of Form 1845 received by the District Deputy? | Y | N |
| 12. Was a copy of Form 1845 received by the State Retention Chairman? | Y | N |
| 13. Was a copy of Form MA RET FORM 2 received by the State Retention Chairman? | Y | N |
| 14. Was Form MA RET FORM 2 signed by the Grand Knight? | Y | N |
| 15. Was Form MA RET FORM 2 signed by the Financial Secretary? | Y | N |
| 16. Was Form MA RET FORM 2 signed by the Council Retention Chairman? | Y | N |
| 17. Was Form MA RET FORM 2 signed by the District Deputy? | Y | N |
| 18. Is the "remarks & comments" section of Form MA RET FORM 2 completed? | Y | N |
| 19. Was personal contact with member verified? (Documentation may be required) | Y | N |
| 20. Were Massachusetts Proper Billing Procedures completed correctly? | Y | N |
| 22. Was the member offered amnesty to forgive past dues? | Y | N |
| 22. Does the member meet requirement for Honorary Life Membership? | Y | N |
| 23. Was the field agent provided notice of intent to suspend insured member? | Y | N |
| 24. Has the council suspended other members this fraternal year? How many? | Y | N |
| 25. Has the council recruited new members this fraternal year? How many? | Y | N |
| 26. Other/Notes _____ | | |

MA FORM 1845-R (updated 05/2016)

DEGREE REMINDER

Candidate:	
Degree Type:	Degree Date:
Degree Location:	
Candidate Time:	Carpool Departure Time:
Carpool Departs from:	
Bring Check made payable to: _____	
For:	Amount:
Grand Knight: Membership Chairman:	Stephen E. Brenner, FDD State Membership Director
<u>DRESS SHOULD BE A COAT AND TIE</u>	

MA Ret 4

Revised May 2016

DEGREE REMINDER

**Council Name, #
City, Town,**

Candidate:	
Degree Type:	Degree Date:
Degree Location:	
Candidate Time:	Carpool Departure Time:
Carpool Departs from:	
Bring Check made payable to: _____	
For:	Amount:
Any problems or Questions Please Call:	Membership Director Home:
<u>DRESS SHOULD BE A COAT AND TIE</u>	

MA Ret 5

Revised May 2016

**Massachusetts State Council
Knights of Columbus
State Relocation Report**

Council Name _____
Council Number _____
Council Contact Name _____
Phone _____
E-Mail _____

Name of Knight _____
Member Number _____
Insurance Member Yes _____ No _____
Wife's name _____

Mail Address _____
Old Address _____

New address (As much as Known) _____

Old Phone number Home _____ **Cell** _____
New Phone number Home _____ **Cell** _____

Anything else to find him?? Employer, emergency contact info Etc.

Send to:

E-Mail:

Use back if Necessary

State Council Use
Refer to District Deputy # _____