



KNIGHTS OF COLUMBUS
ARCHDIOCESE OF WASHINGTON DISTRICT
INCLUDING FIVE COUNTIES OF MARYLAND AND THE DISTRICT OF COLUMBIA

50th Exemplification of the Fourth Degree

St. John's, Msgr Harris Parish Center
43950 St. John's Rd.
Hollywood, MD 20636

October 20, 2018

Schedule of Events

Deadline for Exemplification Oct 6, 2018
Deadline for Lunch Oct 6, 2018

Saturday, October 20, 2018

Registration of Candidates 9:30 AM
Exemplification 11:00 AM
Lunch Immediately after

Exemplification Event Fees

Candidate Exemplification Fee (includes 1 luncheon ticket, social baldric, lapel pin, and processing fees)	
Lay candidates and Permanent Deacons	\$70.00
<i>Please note: Fees for the Exemplification does not constitute payment for dues to the Assembly</i>	
Priests	\$35.00
Lunch tickets (each candidate receives 1 luncheon ticket)	
Lunch Tickets for current members	\$25.00

FOURTH DEGREE EXEMPLIFICATION SIR KNIGHT'S FORM

October 20, 2018

Please Print or Type All Information. Deadline is October 6, 2018

____ I am a Sir Knight and I request tickets in my name as shown below for the Exemplification October 20, 2018.
My check is to be made payable to the “*Master, Knights of Columbus Fourth Degree*”

Name: _____
(Last Name) (First Name) (MI)

Address: _____

City/State: _____ ZIP CODE: _____

Telephone: _____ (Required) Council No.: _____ Assembly No.: _____

Email Address: _____



Sir Knights' Fee Section *(Current 4th Degree Members)*

Lunch Ticket(s) _____ (@ \$25) \$ _____

Enclosed Check/MO Total \$ _____

\$25 Fee will be accessed for all Returned Checks

Mail To: SK Joseph N. Massimini, FDD, PGK, PFN Telephone for Information: (240) 997-0402
4409 Holmehurst Way West (Please make all Checks Payable to:
Bowie, MD 20720 *Master, Knights of Columbus Fourth Degree*)

FOURTH DEGREE EXEMPLIFICATION CANDIDATE'S FORM

October 20, 2018

***Candidates must submit this, along with signed Form-4 and check, to their
Host Assembly for membership voting. Assembly will forward to AWD***

____ I am a Candidate and I request tickets in my name as shown below for the Exemplification October 20, 2018.

Please Print or Type All Information.

Name: _____
(Last Name) (First Name) (MI)

Address: _____

City/State: _____ ZIP CODE: _____

Telephone: _____ (Required) Council No.: _____ Assembly No.: _____

Email Address: _____



Candidate Fee \$70 (Priest-\$35): \$ _____

Additional Lunch Ticket _____ (@ \$25) \$ _____

Enclosed Check/MO Total \$ _____

**Deadline for receipt at
AWD is October 6, 2018.**

**Candidates must submit
prior to Assembly's
September meeting to meet
membership voting
requirement.**

Assembly Comptroller Mail To:

SK Joseph N. Massimini, FDD, PGK, PFN
4409 Holmehurst Way West
Bowie, MD 20720

Telephone for Information: (240) 997-0402
(Please make all Checks Payable to:
Master, Knights of Columbus Fourth Degree)