

SHINING ARMOR AWARD

(Must be earned during the Member's 1st Year)



Applicants Name: _____

Council Number: _____

District Number: _____

Recruit 1 New Member Name: _____

Participate in 3 Programs with your Council:

- *Event:* _____ *Date:* _____
- *Event:* _____ *Date:* _____
- *Event:* _____ *Date:* _____

Attend 3 Business Meetings of your Council: *Date:* _____

Date: _____

Date: _____

Take 2nd and 3rd Degrees:

Date of 2nd Degree: _____

Date of 3rd Degree: _____

Meet with your Supreme Benefits Advisor: *Date:* _____

Grand Knight's Initials: _____ *Date submitted to State:* _____

When Complete please send form to:

Ron Hassan
State Membership Director
1549 Ringe Drive
Severn, MD 21144
ronaldh246@verizon.net

(NOTE: This form may be submitted electronically without the Grand Knight's Initials)