

Please Print, Complete and hand to the Financial Secretary



MEMBER INTEREST SURVEY



As a member of this council, you are our greatest asset. We value your judgment, we appreciate your opinions and we rely on your participation for continued success.

Since joining the Knights of Columbus you have undoubtedly become familiar with many of our varied programs of involvement-programs where you can personally apply your talents and fulfill your ambitions. In an effort to satisfy your desires and interests, we ask that you complete the following survey and return it to our program director for evaluation and action.

SERVICE PROGRAM INVOLVEMENT

Please list your preferences for possible committee assignments. Mark those areas which you find exciting, challenging and promising.

Programs

CHURCH COMMUNITY COUNCIL FAMILY YOUTH

Vocations	Pro-Life	Public Relations	Widows/Orphans	Squires
Parochial Services	Health Services	Fraternal Recognition	Spiritual Programs	C.Y.O.
Religious Devotions	Civic Involvement	Blood Donors	Memorials	Scholarships
Ecumenism	Decency	Socials	Education	Scouting
C.C.D.	Ecology	Athletics	Communications	Drug Abuse
Christian Education	Social Action	Cultural Events	Recreation	Big Brothers
Other, specify:	Other, specify:	Other, specify:	Other, specify:	Other, specify:

Membership

Recruitment	Retention	Insurance Promotion	Admission Committee	Ceremonials
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In your opinion, how can our council improve existing programs? Please be specific.

INSURANCE PARTICIPATION

NON-INSURANCE MEMBER? If you are not currently enrolled as an insurance member, would you like our Supreme Council Insurance Representative to contact you to explain the many benefits available through the Order's insurance program?

Yes _____ No _____

INSURANCE MEMBER? If you are an insurance member, would you like our Supreme Council Insurance Representative to contact you to explain new and additional benefits available through the Order's insurance program?

Yes _____ No _____

Date: _____

Survey completed by:

_____ (Name)

_____ (Address)

_____ (City – State or Province – Zip or Postal Code)

_____ (Email Address)