



**Knights of Columbus**  
New Mexico State Council



**KNIGHT OF THE MONTH**

**REQUIREMENTS:**

1. All information herein shall be for the preceding month in the current Fraternal Year.
2. In order to receive points, you must submit the winner's name (*this form*) attached to the State Service Program Council Report not later than the 10<sup>th</sup> of the month.

Brother \_\_\_\_\_ has been selected as \_\_\_\_\_ Knight of the Month  
(Name of Member) (Month)

for Council \_\_\_\_\_ in \_\_\_\_\_.  
(Name and Number) (City)

Qualifications are listed as follows (*attach additional sheets, if necessary*)

<b>Member's Name (print)</b>	<b>Member's Address:</b>	<b>Member's Phone:</b>
<b>Date:</b>	<b>Grand Knight's Signature:</b>	<b>GK's Phone:</b>