



CALIFORNIA STATE COUNCIL
2020-2021 MEMBERSHIP CAMPAIGN HANDBOOK



**KNIGHTS OF COLUMBUS
SHINING ARMOR AWARD PROGRAM
QUALIFICATION FORM**

Name: _____

Membership Number: _____

First Degree Date: _____

Third Degree Date: _____

New Member's Name: _____

Membership Number: _____

Date of First Degree: _____

If the Shining Armor Award qualifier is qualifying under the Existing Member Program (sponsoring two new members), please provide the following information for the second new member sponsored:

New Member's Name: _____

Membership Number: _____

Date of First Degree: _____

The following information is required in order to be eligible for appropriate recognition:

Council Number: _____

District Number: _____

District Deputy: _____

Chapter: _____

Supreme Insurance Field Agent: _____

Supreme Insurance General Agent: _____

Grand Knight's Printed Name & Signature: _____

Date Submitted/Received/Presented: _____/_____/_____

Submit completed form to:

**Thomas H. Quintana
Shining Armor Awards Program Chairman
2801 W. Shorb St.
Alhambra, CA 91803
626-863-7061
sktomasquintana@gmail.com**