MEMBER INTEREST SURVEY
WHEN A KNIGHT ACTS SELFLESSLY, HE ACTS ON BEHALF OF THE WORLD.

You are a valued member of this council. We value your judgment, we appreciate your opinions, and we rely on your participation for our 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. Or better yet, bring it with you to the next council meeting.

GENERAL INFORMATION

Date: ______________________

Name: ______________________

Street Address: ______________________

City: ______________________ State or Province: ____________ Zip: ____________

Home Phone: ______________________ Work Phone: ______________________ E-Mail: ______________________

SERVICE PROGRAM INVOLVEMENT

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

PROGRAMS

<table>
<thead>
<tr>
<th>CHURCH</th>
<th>COMMUNITY</th>
<th>COUNCIL</th>
<th>FAMILY</th>
<th>CULTURE OF LIFE</th>
<th>YOUTH</th>
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<tr>
<td>Vocations/RSVP</td>
<td>Health Services</td>
<td>Public Relations</td>
<td>Survivor's Assistance</td>
<td>Baby Bottle Campaign</td>
<td>Columbian Squires</td>
</tr>
<tr>
<td>Parochial Services</td>
<td>Civic Involvement</td>
<td>Fraternalism</td>
<td>Family of the Month/Year</td>
<td>Pro-Life Baby Showers</td>
<td>Youth Groups</td>
</tr>
<tr>
<td>Religious Devotions</td>
<td>Decency</td>
<td>Blood Donors</td>
<td>Memorials</td>
<td>Memorials to the Unborn</td>
<td>Educational Programs</td>
</tr>
<tr>
<td>Lay Apostolate</td>
<td>Global Wheelchair Mission</td>
<td>Special Olympics</td>
<td>Education</td>
<td>Ultrasound Initiative</td>
<td>Athletics</td>
</tr>
<tr>
<td>Parish Round Table</td>
<td>Public Safety</td>
<td>Athletics</td>
<td>Food for Families</td>
<td>Other, Specify:</td>
<td>Religious Activities</td>
</tr>
<tr>
<td>Christ in Christmas</td>
<td>Habitat for Humanity</td>
<td>Cultural Events</td>
<td>Communications</td>
<td>Pro-Life March</td>
<td>Social Activities</td>
</tr>
<tr>
<td>Other, Specify:</td>
<td>Other, Specify:</td>
<td>Other, Specify:</td>
<td>Recreation</td>
<td></td>
<td>Other, Specify:</td>
</tr>
</tbody>
</table>

MEMBERSHIP

☐ Recruitment  ☐ Retention  ☐ Insurance Promotion  ☐ Admission Committee  ☐ Ceremonials

In your opinion, how can our council improve existing programs? Please be specific.

__________________________________________
__________________________________________
__________________________________________

INSURANCE PARTICIPATION

☐ Non-Insurance Member  ☐ Yes  ☐ No

If you are not yet an insurance member, would you like the council's professional field agent to contact you to explain the many benefits available through the Order's top-rated insurance program?

☐ Insurance Member  ☐ Yes  ☐ No

If you are an insurance member, would you like the council's professional field agent to contact you to explain new and additional benefits available through the Order's top-rated insurance program?