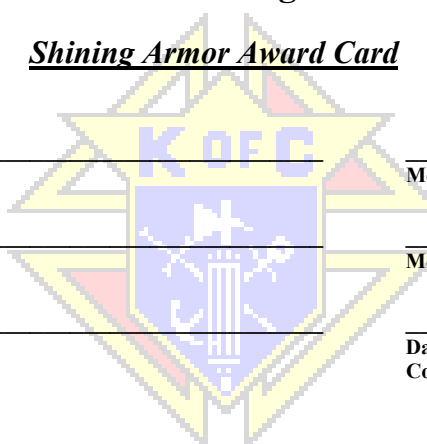


Knights of Columbus – Virginia State Council

Shining Armor Award Card



Member Name	_____	Membership Number	_____
Sponsor Name	_____	Membership Number	_____
Grand Knight	_____	Date Requirement Completed	____/____/____

Requirements for both New and Current Knights

Meeting Attendance Record (Minimum of six meetings attended)

____/____/____/____/____/____/____

Program Participation (Minimum of three in Church, Community, Council, Family, Youth)

____/____/____/____/____

First Degree Received / Date

Third Degree Received / Date

Meeting with Fraternal Benefits Counselor / Date

Recruit one New Member / Date Exemplified (Current members must Recruit two new members)
