



# Form SO-47 SUSPENSION AUTHORIZATION FORM MEMBERSHIP RETENTION

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## INSTRUCTIONS FOR RECEIVING AUTHORIZATION FOR SUSPENSIONS

For the twelve month period ending December 31<sup>ST</sup>, 20 \_\_\_\_

### IMPORTANT

- Please complete this form in its entirety.
- Please keep a record of the information needed for proof of participation.
- Mail or e-mail this form to the State Retention Director, 'cc' a copy to your District Deputy and keep one for your Council's files.

The SO-47 requirement was created for the long term endurance of the Council, State and Order. Ontario State Board from January 1<sup>ST</sup>, 2014 will no longer approve more than two suspensions per year to any Council unless the following form is completed and submitted to the Ontario State Board for approval by the State Retention Director and State Deputy.

SECTION I. The Council is making efforts to participate in all programs outlined in the "Faith in Action" program and working toward achieving "Star Council" status.

SECTION II. The Council has submitted all mandatory and important Supreme & State forms.

SECTION III. The Council continues to take part in membership retention activities in each quarter of the fraternal year.

SECTION IV. The Council is participating in activities toward new membership and keeping all current members active and inspired.

SECTION V. The District Deputy responsible for the Council is expected to be involved in the retention process and has made efforts to contact the members on the conservation list.

The State Retention Director upon receipt of this form and supporting documents in consultation with the District Deputy and State Deputy will review the application and decide whether to approve or decline the request for the suspension of any member. The Council will be notified by the State Membership Director in writing within 30 days in which the submission was received.



Ontario State Office, Knights of Columbus  
 393 Rymal Road West, Suite 201  
 Hamilton, ON L9B 1V2  
 Fax (905) 388-8738  
 E-mail: stateoffice@ontariokofc.ca

# Form SO-47 SUSPENSION AUTHORIZATION FORM MEMBERSHIP RETENTION

For the twelve month period ending December 31<sup>ST</sup>, 20 \_\_\_\_\_

Date:   
MONTH/DAY/YEAR

Council #  District #  City/Town

**SECTION I**

**1) Faith in Action Programs:**

Please indicate if your Council provides 2 or more.

**a) Faith activities**

YES  NO

**b) Family activities**

YES  NO

**c) Community activities**

YES  NO

**d) Life activities**

YES  NO

**2) Star Council achievement by year end likely?**

YES  NO

**Membership growth activities in every quarter?**

YES  NO

**3) State Trillium SO-11 form submitted (past 12 months)?**

YES  NO

**SECTION II**

**1) Supreme form 185 submitted (current year)?**

YES  NO

**2) Supreme form 365 submitted (current year)?**

YES  NO

**3) Supreme form 1295 submitted (past 6 months)?**

YES  NO

**4) Supreme form 1728 submitted (past 12 months)?**

YES  NO

**5) Supreme form SP-7 submitted (past 12 months)?**

YES  NO

**6) State SO-185 form submitted (current year)?**

YES  NO

**SECTION III**

**1) Did Retention Committee call all these members?**

YES  NO

**2) Council has active phone tree committee?**

YES  NO

**3) Routinely calls members each quarter?**

YES  NO

**4) Active Welcome Committee for all new members?**

YES  NO

**5) Participates in the Shining Armor program?**

YES  NO

**SECTION IV**

**1) Conducted a recruitment campaign in past 3 months?**

YES  NO

**2) Recruited new members in the past 12 months?**

YES  NO

**3) Membership chairman and committee?**

YES  NO

**4) Invited FA or GA to assist with membership growth?**

YES  NO

**5) Hosted a fraternal benefits info night in past year?**

YES  NO

**6) Provide monthly bulletins to all members?**

YES  NO

**SECTION V (to be completed by DD)**

**1) DD received conservation list?**

YES  NO

**2) DD has made attempts to contact members on list?**

YES  NO

**3) DD assisted State Membership Retention Director?**

YES  NO

\_\_\_\_\_  
 Grand Knight

\_\_\_\_\_  
 Council Retention Chairman

State purposes:

Date received: \_\_\_\_\_ M/D/Y