

Council

District

	Date of Last Billing	No. of months Delinquent	Name Telephone	Address	Name of Member Contacting	Payment Received	Reason
<b>1</b>							
			Remarks and comments:				
<b>2</b>							
			Remarks and comments:				
<b>3</b>							
			Remarks and comments:				
<b>4</b>							
			Remarks and comments:				
<b>5</b>							
			Remarks and comments				
Upon completion, attach respective 1845's.							
Mail original to State Deputy.			Signature Grand Knight		Trustee 1		
					Trustee 2		
					Trustee 3		