

COUNCIL 428

GK David Karl
211 Eastman Shore Rd., N.
Laconia, NH 03246

**District DD02**

DD David Karl

January 06, 2023

This form was simplified in order that your council may quickly complete the following requirements that are due immediately upon receipt and **NO LATER than March 31, 2024**. PLEASE honor this deadline.

☐ **STEP ONE:** Your council's Per-Capita Assessment is based on the reported membership on file at Supreme as of January 1, 2024. This assessment is based on total membership minus all Honorary Life Members and Disabled Members. **The State Council per capita rate is \$5.20. The per capita rate for College Councils is \$0.00.**

Council No. 428: Total Members: 115, Honorary Life: 29, Disabled: 0, **Total Assessable Members: 86**

Please make out a check payable to **NH State Council** in the amount of **\$447.20** and make a note on the memo line **NHSC STATE PER CAPITA - Cat. 101**

☐ **STEP TWO:** It is your council's responsibility to carry a liability insurance policy for protection from the risk that it or its members may be sued and held legally liable for something such as injury or negligence during council related activities. Furthermore, all council events taking place on Diocese of Manchester property must understand the Roman Catholic Bishop of Manchester (RCBM) policy relating to the use of its facilities by non-profit organizations that are not sponsored by the parish, school, or diocesan institution. See the RCBM web site for the document "SHORT TERM USE OF DIOCESAN FACILITIES BY OTHERS". Your council may choose either to participate in a group policy available through the NH State Council **OR** it may subscribe to its own policy.

PLEASE Check either YES or NO

☐ **YES.** Add my council to the group policy offered through the NH State Council at **\$2.45 per member: Total Members: 115** minus (Honorary 2 + Honorary life 29 + Disabled 0 + Inactive 3)= **81 Members** at \$2.45 per member = **\$198.45**

Please make out a **SEPARATE** check payable to **KofC NH State Council** for this amount and make a note on the memo line: **NHSC Group Liability Insurance - Cat. 26**

☐ **NO, Council ____** will be covered by its own qualified liability insurance policy.

☐ **STEP THREE:** Please verify your council's **DELEGATES ATTENDING THE STATE CONVENTION**. Print all attending Delegates in the space provided. Changes after **March 31, 2024**, may delay the issuing of Per Diem.

DELEGATES of RECORD		(Print <u>attending</u> Delegates)	Business Sessions Attending
DELEGATE NO. 1	David W. Karl	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Kepler Padilla	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	Peter Orłowski	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	Dennis Morrissette	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

☐ **STEP FOUR:** Mail this form and (both) checks **BEFORE March 31, 2024** to:

Mark Messier, NH State Council Secretary, 32 Fox Hill Road, Belmont, NH 03220

Questions? Call (603) 520-5548 or email Messiermw@hotmail.com

Thank you for all that you do throughout the fraternal year!

COUNCIL 10943

GK Aaron Clark
324 Victory Dr.
Franklin, NH 03235

**District DD02**

DD David Karl

January 06, 2023

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Council No. 10943: Total Members: 55, Honorary Life: 15, Disabled: 2, **Total Assessable Members: 42**

Please make out a check payable to **NH State Council** in the amount of **\$218.40** and make a note on the memo line **NHSC STATE PER CAPITA - Cat. 101**

☐ **STEP TWO:** It is your council's responsibility to carry a liability insurance policy for protection from the risk that it or its members may be sued and held legally liable for something such as injury or negligence during council related activities. Furthermore, all council events taking place on Diocese of Manchester property must understand the Roman Catholic Bishop of Manchester (RCBM) policy relating to the use of its facilities by non-profit organizations that are not sponsored by the parish, school, or diocesan institution. See the RCBM web site for the document "SHORT TERM USE OF DIOCESAN FACILITIES BY OTHERS". Your council may choose either to participate in a group policy available through the NH State Council **OR** it may subscribe to its own policy.

PLEASE Check either YES or NO

☐ **YES.** Add my council to the group policy offered through the NH State Council at **\$2.45 per member: Total Members: 55** minus (Honorary 4 + Honorary life 15 + Disabled 2 + Inactive 5)= **29 Members** at \$2.45 per member = **\$71.05**

Please make out a **SEPARATE** check payable to **KofC NH State Council** for this amount and make a note on the memo line: **NHSC Group Liability Insurance - Cat. 26**

☐ **NO, Council ____** will be covered by its own qualified liability insurance policy.

☐ **STEP THREE:** Please verify your council's **DELEGATES ATTENDING THE STATE CONVENTION**. Print all attending Delegates in the space provided. Changes after **March 31, 2024**, may delay the issuing of Per Diem.

DELEGATES of RECORD		(Print <u>attending</u> Delegates)	Business Sessions Attending
DELEGATE NO. 1	Aarron Clark	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Robert Gonyea	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	<<<None Provided>>>	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	<<<None Provided>>>	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

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Thank you for all that you do throughout the fraternal year!

COUNCIL 17141

GK Paul Punturieri
P O Box 297
Moultonborough, NH 03254

**District DD02**

DD David Karl

January 06, 2023

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Council No. 17141: Total Members: 53, Honorary Life: 6, Disabled: 0, **Total Assessable Members: 47**

Please make out a check payable to **NH State Council** in the amount of **\$244.40** and make a note on the memo line **NHSC STATE PER CAPITA - Cat. 101**

☐ **STEP TWO:** It is your council's responsibility to carry a liability insurance policy for protection from the risk that it or its members may be sued and held legally liable for something such as injury or negligence during council related activities. Furthermore, all council events taking place on Diocese of Manchester property must understand the Roman Catholic Bishop of Manchester (RCBM) policy relating to the use of its facilities by non-profit organizations that are not sponsored by the parish, school, or diocesan institution. See the RCBM web site for the document "SHORT TERM USE OF DIOCESAN FACILITIES BY OTHERS". Your council may choose either to participate in a group policy available through the NH State Council **OR** it may subscribe to its own policy.

PLEASE Check either YES or NO

☐ **YES.** Add my council to the group policy offered through the NH State Council at **\$2.45 per member: Total Members: 53** minus (Honorary 1 + Honorary life 6 + Disabled 0 + Inactive 0)= **46 Members at \$2.45 per member = \$112.70**

Please make out a **SEPARATE** check payable to **KofC NH State Council** for this amount and make a note on the memo line: **NHSC Group Liability Insurance - Cat. 26**

☐ **NO, Council ____** will be covered by its own qualified liability insurance policy.

☐ **STEP THREE:** Please verify your council's **DELEGATES ATTENDING THE STATE CONVENTION**. Print all attending Delegates in the space provided. Changes after **March 31, 2024**, may delay the issuing of Per Diem.

DELEGATES of RECORD		(Print <u>attending</u> Delegates)	Business Sessions Attending
DELEGATE NO. 1	Paul Punturieri	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Jean Boucher	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	Winston Savage	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	<<<None Provided>>>	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

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Questions? Call (603) 520-5548 or email Messiermw@hotmail.com

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