

COUNCIL 4442

GK Kenneth Tarara
15 Teague Drive
Salem, NH 03079

**District DD08**

DD George Fredette

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. 4442: Total Members: 235, Honorary Life: 54, Disabled: 0, **Total Assessable Members: 181**

Please make out a check payable to **NH State Council** in the amount of **\$941.20** 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: 235** minus (Honorary 10 + Honorary life 54 + Disabled 0 + Inactive 13)= **158** Members at \$2.45 per member = **\$387.10**

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	Ken Tarara	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Rick Veilleux	_____	<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

☐ **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 5162

GK John Frechette
2 Powder House Rd.
Merrimack, NH 03054

**District DD08**

DD George Fredette

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. 5162: Total Members: 126, Honorary Life: 40, Disabled: 1, **Total Assessable Members: 87**

Please make out a check payable to **NH State Council** in the amount of **\$452.40** 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: 126** minus (Honorary 10 + Honorary life 40 + Disabled 1 + Inactive 7)= **68** Members at \$2.45 per member = **\$166.60**

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	John Frechette	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Jake Izzo	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	Wayne Nadeau	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	Paul Dumont	_____	<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 6902

GK William Brewster
7 Wellesley
Pelham, NH 03076

**District DD08**

DD George Fredette

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. 6902: Total Members: 62, Honorary Life: 38, Disabled: 0, **Total Assessable Members: 24**

Please make out a check payable to **NH State Council** in the amount of **\$124.80** 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: 62** minus (Honorary 6 + Honorary life 38 + Disabled 0 + Inactive 0) = **18 Members** at \$2.45 per member = **\$44.10**

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	William H Brewster	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	James H Dolan	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	John Grzesik	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	Michael J Melia	_____	<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 7572

GK Nicholas Shea
19 Millstone Rd.
Windham, NH 03087

**District DD08**

DD George Fredette

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. 7572: Total Members: 141, Honorary Life: 26, Disabled: 0, **Total Assessable Members: 115**

Please make out a check payable to **NH State Council** in the amount of **\$598.00** 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: 141** minus (Honorary 5 + Honorary life 26 + Disabled 0 + Inactive 2)= **108** Members at \$2.45 per member = **\$264.60**

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	Nicholas Shea	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
DELEGATE NO. 2	Joseph Garon	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 1	Roy Dennehy Sr	_____	<input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
ALT. DELEGATE NO. 2	David Kling	_____	<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!