

Michigan State Council

Council Membership Recruitment/Program Action Plan



1st Half 2nd Half Quota: _____ Date: _____

Council #: _____ Council #: _____

District #: _____ Grand Knight: _____

Diocese: _____ Membership Director: _____

Program Director: _____

Date	Activity / Location	Technique / Tools	Target	Actual	
	Blitz Drive <input type="checkbox"/> Church <input type="checkbox"/> Community <input type="checkbox"/>				Form 100
	Council <input type="checkbox"/> Family <input type="checkbox"/> Pro-Life <input type="checkbox"/> Youth <input type="checkbox"/>				Prospect
Recruiting Opportunity					Total
<input type="checkbox"/>					Personnel Needed

Date	Activity / Location	Technique / Tools	Target	Actual	
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Note: Please report information for the annual requirement of four blitz dates and four activities in each program area